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Contributors

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COUNTY BOROUGH OF BARNESLEY.



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

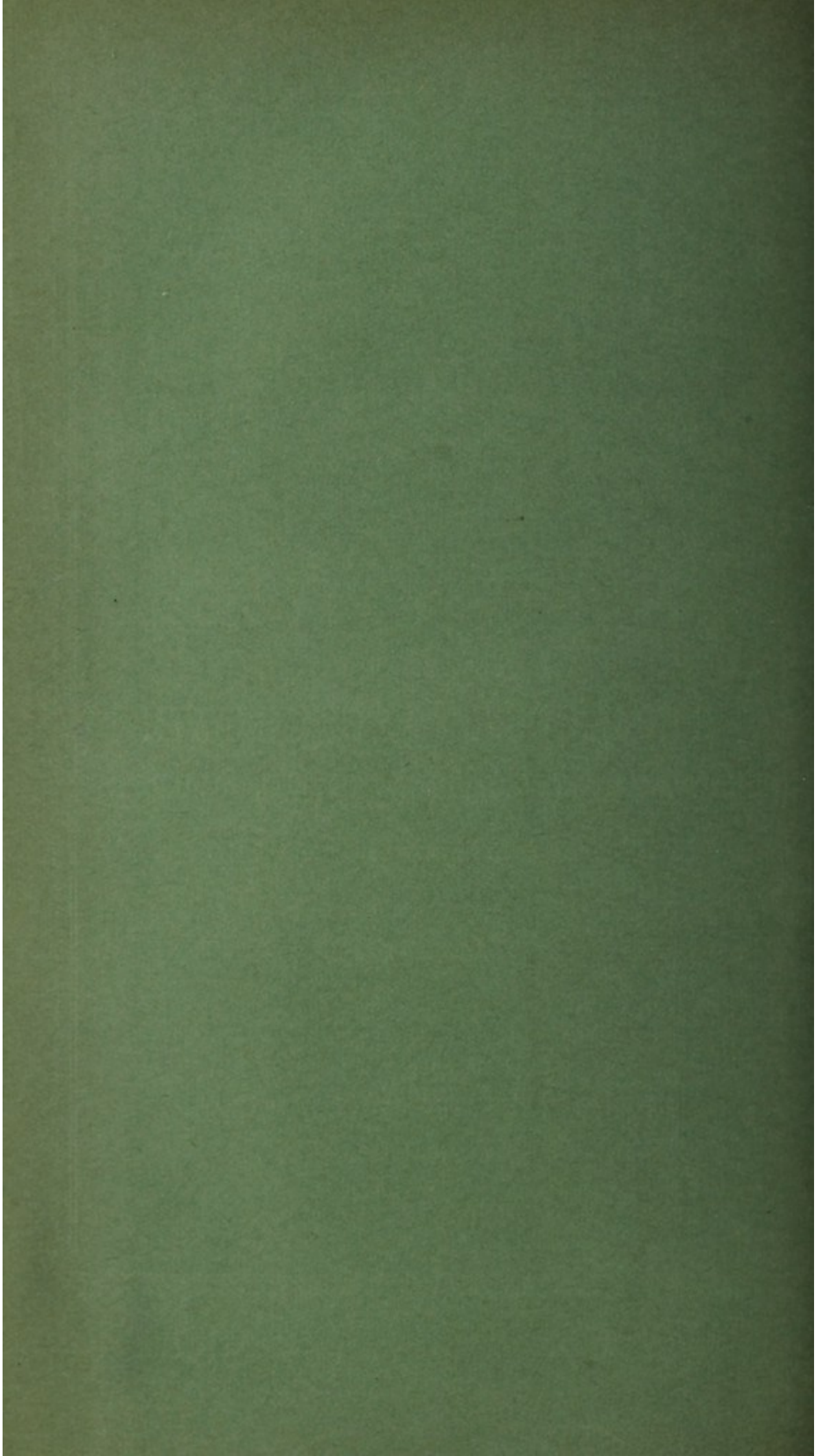
(WILLIAM G. PATTERSON, M.D., Ch.B., M.R.C.P., D.P.H.)

For the Year 1936.

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1937



COUNTY BOROUGH OF BARNESLEY.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

28th February, 1937.

To the Chairman and Members of the Sanitary Committee:

Gentlemen,

I beg to submit the Annual Report on the Health of the Borough and the work of the Public Health Department for the year, 1936.

As my appointment terminated on the 28th February, 1937, I have to thank my successor, Dr. J. L. Burn, for the incorporation of certain essential figures which are not issued by the Registrar General until March.

The two outstanding features of Public Health development during 1936 were the appropriation of the Public Assistance Hospital at Gawber Road for administration under the title of the St. Helen Hospital by the Public Health Services Committee and the preparation of a scheme for a Municipal Midwifery Service to comply with the Midwives Act, 1936. These matters are referred to in detail in the body of this report.

I wish to record my sincere appreciation of the work of the staff and to make special reference to the loyal support and help given me by Dr. M. W. Blackwood, the Deputy Medical Officer of Health, and by Mr. Bernard Payne, the Chief Clerk in the Public Health Department.

I wish also to offer my most sincere thanks to the Chairman and Members of the Public Health Services Committee for the encouragement which they have given me during my period of office in Barnsley.

I have the honour to be, Gentlemen,

Your obedient servant,

WILLIAM GILCHRIST PATTERSON,

Town Hall,
Barnsley.

STAFF.

Medical Officer of Health and Superintendent of Infectious Diseases Hospitals:

WILLIAM G. PATTERSON, M.D., ChB., M.R.C.P.,
D.P.H.

Deputy Medical Officer of Health:

Margaret W. Blackwood, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health:

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Clara L. M. Scally, M.B., Ch.B., B.A.O., L.M., D.P.H.

Medical Superintendent—Mount Vernon Sanatorium and Clinical Tuberculosis Officer:

C. Ferguson Walker, B.A., M.D. (Lond.), M.R.C.S., L.R.C.P.,
D.P.H.

Medical Superintendent—St. Helen Municipal General Hospital.

WILLIAM SIMPSON, M.D., Ch.B., D.C.O.G.,
commenced 16th June, 1936.

Ear, Nose and Throat Specialist:

§ Herbert Tomlin, M.D., Ch.B., D.P.H.

Consulting Gynæcological Surgeons:

§ John Eric Stacey, M.D., Ch.B., F.R.C.S.

§ Godfrey R. Potter, M.R.C.S., L.R.C.P.

Clinical Venereal Diseases Officers:

§ Harold F. Horne, T.D., M.A., M.D., B.Ch., D.P.H.,

§ John Ryan, M.B., Ch.B.

District Medical Officers and Public Vaccinators:

§ E. W. Blackburn, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P.,
D.P.H. (died 26-5-1936)

§ V. K. Blackburn, M.R.C.S., L.R.C.P.

§ J. P. J. MacMahon, L.R.C.P. & S.

Orthopaedic Surgeon:

§ H. L. Crockatt, M.B., Ch.B.

Senior Dental Officer:

A. G. Moxon, L.D.S.

§ Part-time Officers.

Matron—Kendray Isolation Hospital:

Miss E. A. Bisset.

Matron—Mount Vernon Sanatorium:

Miss A. Kerr.

Matron—Municipal Maternity Home:

Miss C. M. Sharpe.

Matron—St. Helen Municipal General Hospital.

Miss D. L. Turner (commenced 6th October, 1936).

Health Visitors:

- | | |
|---|-------------------------|
| *x Miss F. Hinchliffe | *x Mrs. A. Hudspith. |
| †x* Miss E. M. Garnett | *x† Miss S. E. Melling. |
| †*x Miss T. M. Inns (resigned 17th August, 1936). | |
| †*x Miss J. Craig Menzies (resigned 29th August, 1936). | |
| †*x Miss O. Prentis (resigned 9th September, 1936). | |
| *x† Miss A. Steedman | |
| †*x Miss M. K. Donaghey (appointed 23rd September, 1936). | |
| †*x Miss L. Breaman (appointed 28th September, 1936). | |
| †*x Miss E. Counihan (appointed 5th October, 1936). | |

M. & C. W. Nurse:

- * Miss A. Wheatley (resigned 31st March, 1936).
- *x Miss M. Doyle (appointed 18th May, 1936).

Municipal Midwife:

Mrs. E. Humphrey.

Tuberculosis Nurses:

- * Mrs. V. Tong
- *† Miss K. M. Johnston

X-Ray and Ultra-Violet Light Nurse:

- * Miss W. Broughton.

Mental Deficiency Nurse:

- * Miss S. A. Wain.

Clerical Staff—Medical Officers Department:

Bernard Payne, Chief Clerk.

H. Taylor, Steward—St. Helen Municipal Hospital.

Miss E. Jackson, Typist.

Miss M. Jordan Clerk.

Miss H. Jagger, Clerk.

Miss I. Roberts, Clerk.

Miss J. Bunn, Clerk.

Miss A. Brailsford (Maternity and Child Welfare Clerk).

Miss M. Jackson (Maternity and Child Welfare Clerk).

(appointed 1st February, 1936).

Miss P. Coldwell, Clerk St. Helen Municipal Hospital.

(appointed 21st September, 1936).

Dental Attendant:

Miss M. F. Galvin (appointed 27th April, 1936).

BLIND WELFARE DEPARTMENT.**Assistant Superintendent:**

R. R. Hanlon.

Visitors:

z Mrs. C. Womersley.

z Miss D. G. L. Hall (resigned 31st October, 1936).

z Miss E. C. Davies (appointed 1st December, 1936).

* Trained Nurse.

x Certified Midwife.

† New Health Visitors Certificate. ‡ Tuberculosis Certificate.

z Certified Home Teachers.

VACCINATION OFFICER:

§ Thomas Corbett.

VETERINARY SURGEON:

§ C. Secker Smith, M.R.C.V.S., F.E.V.M.S.

MEDICAL ORDERLY:—Venereal Diseases Clinic:

E. Goddard.

§ Part-time Officers.

SANITARY DEPARTMENT—STAFF.

Chief Sanitary Inspector and Cleansing Superintendent:

†*§ John W. Mellor, M.R.S.I., F.S.I.A., M.Inst.P.C,

Assistant Sanitary Inspectors:

- †* F. J. Turner, C.R.S.I., M.S.I.A.
- †* W. H. Spalton, C.R.S.I., M.S.I.A.
- †* A. Pemberton, C.S.I.E.B., M.S.I.A.
- †* C. Henderson, C.S.I.E.B., M.S.I.A.
- J. Pickering, M.S.I.A.
- † W. Senior, C.S.I.E.B., M.S.I.A.
- † F. J. Shepley, C.S.I.E.B.
- I. Fieldhouse, C.S.I.E.B.,
(Temporary—Housing).
- C. F. Spencer, C.S.I.E.B.,
(Temporary—Housing).

Assistant Cleansing Inspector:

J. Brownbridge.

Cleansing Foreman:

F. Barker.

Clerical Staff:

- F. Butterwood, Chief Clerk
- H. Hepplewhite, Junior Clerk.
- D. R. Worrall, Junior Clerk.
- G. T. Evans, Junior Clerk.
- M. Barley, Junior Clerk.
- F. Waters, Temporary Clerk (Overcrowding & Housing).
- Miss M. Hesp, Typist.
- Miss M. Whitehead, Typist.

† Certified Meat and Other Foods Inspector.

* Certified Smoke Inspector.

§ Diploma Institute of Public Cleansing.

SANITARY COMMITTEE.

Chairman—Councillor J. F. Broley, J.P.

Vice-Chairman—Councillor A. Allen.

His Worship the Mayor—Alderman J. Jones, C.B.E., J.P.,

Alderman S. Trueman.

Alderman J. Walton.

„ A. Wright.

Councillor H. Burgin

Councillor A. Dennis.

„ J. Guest; J.P.

„ A. Jepson.

„ G. Mason; J.P.

„ H. Potter.

„ J. Richards.

„ H. Snowden.

„ W. J. Taylor.

The form of the Report is as outlined in Circular 1492 of the Ministry of Health of the 18th October, 1935.

SAFETY COMMITTEE

- Chairman—Councilor J. E. Brock, J.P.
- Vice-Chairman—Councilor A. H. ...
- Members:
 - Abraham S. ...
 - Walter ...
 - Richard ...
 - W. J. Taylor

The form of the report is not uniform in character 1922 of the Ministry of Health of the 15th October, 1922.

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REVISION 1 (1907) and 1910
 After (Census 1910)
 Population (Census 1911)
 Estimated Population
 (1911-1920)
 Number of inhabited houses (and
 of 1908, 1909, 1910, 1911, 1912,
 1913, 1914, 1915, 1916, 1917,
 1918, 1919, 1920)
 that represented by a penny
 rate at 31st Dec., 1920

Section 1.

STATISTICS AND SOCIAL CONDITIONS OF THE DISTRICT.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

	Total	Males	Females
Live Births	1,158	628	530
Birth Rate per 1,000	44	45	43
Total	1,325	647	678
Still Births	18	9	9
Death Rate per 1,000 live	5	5	5
Total	65	31	34
Deaths	507	218	289
Death Rate per 1,000 population	38	34	42

SECTION I.

Area (Census 1931)	6,036 acres
Population (Census 1931).....	71,522
Estimated Population	70,640
(middle 1936)	
Number of inhabited houses (end of 1936, according to Rate Books)	18,254
Rateable Value as at 31st Dec., 1936	£347,353
Sum represented by a Penny Rate at 31st Dec., 1936.....	£1,304

SOCIAL CONDITIONS.

The unemployment problem is still acute in the area. The staple industry is coal mining, which employs more than half of the insured population and employment in this industry is still bad, though there was a slight improvement during the year.

Other industries are glass, linen, shirt-making, paper manufacture, transport, metal working, and in these industries employment is satisfactory, whilst the building trade is doing very well indeed.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Total	Males	Females	
Live Births—				
Legitimate	1,188	623	565	
Illegitimate	44	24	20	Birth Rate per 1,000
Total	1,232	647	585	population
				17.44
Still Births—				
Legitimate	58	29	29	
Illegitimate	5	2	3	Rate per 1,000 live
Total	63	31	32	and still births 48.64
Deaths	867	518	349	Death Rate per 1,000
				population
				12.27

Deaths from Puerperal Causes—		Rate per 1,000 total live and still births
Puerperal Sepsis	—	—
Other Puerperal Causes	2	1.54
Total Puerperal Causes....	<u>2</u>	<u>1.54</u>

Deaths of Infants under one year of age—

All Infants per 1,000 live births	61
Legitimate Infants per 1,000 legitimate live births	59
Illegitimate Infants per 1,000 illegitimate live births	113

Deaths from—

Measles (all ages)	7
Whooping Cough (all ages)	6
Diarrhœa (under two years of age)	2

TABLE 1.
BIRTH RATES, DEATH RATES, and ANALYSIS OF MORTALITY during the Year 1936.
 (Provisional Figures.)

	Rate per 1,000 Population.		Annual Death Rate per 1,000 Population.								Death Rate per 1,000 Live Births.		
	Live Births.	Still-Births.	All Causes.	Typhoid and Para-Typhoid	Small-pox	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 yrs.)	Total Deaths under one yr.
England and Wales ...	14.8	0.61	12.1	0.01	0.00	0.07	0.01	0.05	0.07	0.14	0.52	5.9	59
122 County Boroughs & Great Towns (including London) ...	14.9	0.67	12.3	0.01	0.00	0.09	0.01	0.06	0.08	0.14	0.45	8.2	63
148 Smaller Towns ... (Population 25,000 to 50,000)	15.0	0.64	11.5	0.00	0.00	0.04	0.01	0.04	0.05	0.15	0.39	3.4	55
Barnsley C. B. ...	17.44	0.89	12.27	0.00	0.00	0.91	0.01	0.08	0.13	0.18	1.06	1.62	61

The maternal mortality rates for England and Wales are as follows: per 1,000 Total Births...1.84
 Puerperal Sepsis. Others. Total.
 2.31 3.65
 " " Barnsley " : per 1,000 Total Births...0.00
 1.54 1.54

COMMENTS ON VITAL STATISTICS.

POPULATION.

The population at the 1931 Census was 71,522 and it is estimated by the Registrar General to be 70,640 for the mid-year 1936.

BIRTHS.

There were 44 illegitimate and 1,188 legitimate live births registered during the year, giving a birth rate of 17.44, a slight decrease on last year. In England and Wales, the live birth-rate for 1936 was 14.8, and in the 122 Great Towns 14.9,

STILLBIRTHS.

63 Stillbirths (5 illegitimate) were registered in Barnsley during the year, giving a rate of 0.89 per 1,000 total births, as compared with a similar rate for the country as a whole of 0.61.

DEATHS.

The total net deaths for the year 1936, were 867, of whom 518 were males and 349 females. The corresponding figures for 1935 were 809, 424 males and 385 females respectively. The net death rate for the year is 12.27, compared with 12.1 for England and Wales and 12.3 in the 122 Great Towns.

CAUSES OF DEATH.

TABLE 2.

The following Table 2 gives the principal causes of death in order of frequency, arranged in age groups to facilitate more detailed examination.

Disease.	Total	0—5 yrs.	5—25 yrs.	25—45 yrs.	45—65 yrs.	Over 65 yrs.
Heart Disease	200	1	8	9	62	12
Cancer	105	...	...	7	48	50
Respiratory Diseases ..	101	25	6	14	35	21
Violence	75	3	18	38	16	5
Congenital Debility, Malformations, etc.	50	50	...	...	...	...
Cerebral Hæmorrhage ...	47	...	...	3	15	29
Circulatory Diseases ...	42	...	...	3	20	19
Pulmonary Tuberculosis	40	...	11	17	9	3

HEART DISEASE.

Heart Disease, resulting in 200 deaths, has again been the commonest cause of death during the year. Almost two-thirds of the deaths from this cause occurred in the age-group "over 65 years."

CANCER.

105 deaths occurred, compared with 106 in the previous year, giving a death rate of 1.48 per 1,000 population.

There are no facilities available for the treatment of Cancer in the Local Authority's Hospital. Arrangements have been made with the Sheffield Royal Infirmary and the Leeds General Infirmary for cases to be seen, and if necessary, treated by those hospitals, the Council paying the cost of the treatment and maintenance of in-patients. The Authority also provides Ambulance facilities to enable patients to attend Radium Centres and in the case of ambulant cases pay the cost of travelling expenses to the Centres.

Cases are referred to the Authority both by the General Practitioners in the area and also by the Almoner's Departments at the Sheffield Royal Infirmary and the Leeds General Infirmary.

No special action has been taken by the Authority to draw the attention of the public to the facilities which are available. The whole of the practitioners in the town have been informed, however, of the facilities at the two Radium Centres.

The following Table 3 gives the number of deaths from Cancer during the year 1936, the age distribution and the sites affected.

TABLE 3.

Site.	25— 35 yrs.	35— 45 yrs.	45— 55 yrs.	55— 65 yrs.	65— 75 yrs.	75 yrs. and over	Total
Intestines	1	1	5	7	5	5	24
Stomach	1	5	6	12	2	26
Nose, Throat, Face and Mouth	1	4	8	2	15
Lung	1	2	...	...	3
Brain	2	...	1	...	3
Liver	1	4	3	3	11
Cervix Uteri	2	2	2	1	...	7
Breast	1	3	1	2	1	8
Kidney	1	...	...	1
Others	1	...	1	4	1	7

It cannot be too widely known that the disease in a large proportion of cases is curable if discovered and treated early enough.

VIOLENCE.

75 deaths from Violence, of which 68 were males, and 7 females. 53 were due to accidents in coal mines.

The terrible disaster at the Wharncleiff Woodmoor Colliery, with the loss of 58 lives, made 1936 one of the most tragic years in Barnsley's history.

TUBERCULOSIS.

There were 40 deaths from pulmonary tuberculosis, compared with 37 in 1935. The death rate per 1,000 population was 0.57, compared with 0.52 in 1935, 0.47 in 1934. Reference to Table 70 shows a steady diminution in this death rate.

RESPIRATORY DISEASES.

This group takes a heavy toll in infancy and childhood in Barnsley. The death rate was 1.43, but 25 children died in the age group "0-5 years" from these diseases.

INFLUENZA.

There were 13 deaths from Influenza compared with 13 in 1935. In 9 of these cases the age was over 45 years.

MEASLES AND WHOOPING COUGH.

There were 6 deaths from Whooping Cough and 7 deaths from Measles, compared with 5 and 1 respectively in 1935.

SCARLET FEVER AND DIPHTHERIA.

There was 1 death from Scarlet Fever and 9 deaths from Diphtheria in Barnsley residents during 1936.

Scarlet Fever during the year remained of a mild type but many of the cases of Diphtheria were extremely serious and but for the efficiency of anti-diphtheritic serum, given by the intravenous route, the mortality from diphtheria would have been much higher. It is tragic that so many children should not reach the Isolation Hospital until after they have been ill with diphtheria for three days or longer; for every day's delay diminishes the efficacy of the anti-diphtheritic serum treatment and increases the danger to life. It is even more tragic that so many parents do not take advantage of the facilities provided by the Corporation for the immunization of their children against diphtheria. As soon as possible after a child becomes one year of age it should be immunized against diphtheria. The injections cause very little disturbance and give a guarantee that very few of the immunized children would ever develop diphtheria at all and the few who do develop it despite the injections get a comparatively mild attack.

CONGENITAL DEBILITY, PREMATURE BIRTH, MALFORMATIONS. Etc.

50 children under one year of age died from these causes compared with 37 in 1935. This was two-thirds of the total deaths under one year. The majority of these deaths occur in the first few days after birth, and the chief hope of reducing their number is by improved care of the mother before and during confinement. Every woman should be under the care of a doctor during the whole of pregnancy. In Barnsley in 1936 not more than half of the mothers were under medical ante-natal supervision, and many of them did not book a midwife till the later months.

The stillbirths (63), and neo-natal deaths (49), together amounted to a total of 112. A proportion of these babies could probably be saved by more efficient ante-natal and intra-natal care, which cannot be provided without the help of the mothers themselves.

**PUERPERAL SEPSIS AND OTHER PUERPERAL
CAUSES.**

The Registrar General's figures for Barnsley in 1936 are :—
2 deaths from other Puerperal Causes, giving a maternal
mortality rate of 1.54 per 1,000 total births, compared with
3.65 per 1,000 total births for England and Wales. In 1935, the
rate for Barnsley was 3.00 per 1,000 and for England and
Wales 3.93.

TABLE 4.
MATERNAL MORTALITY, 1926—36.

	1936	1935	1934	1933	1932	1931	1930	1929	1928	1927	1926
Abortion, including Septic Abortion ..	..	+1	..	1	3	3	1	..	..	1	1
Puerperal Sepsis ..	..	3	..	1	1	1	1	2	5	1	2
Embolism ..	..	..	..	1	1	1	..	1	1	..	1
Toxæmias and Eclampsia ..	1	..	2	1	1	3	2	4	1	2	2
Hæmorrhage, including Placenta Prævia ..	1	1	..	..	2	4	1	2	1	1	3
Other Conditions ..	..	..	3	1	..	2	..	..	1	1	2
MATERNAL DEATHS (Registrar General) ..	2	4	5	5	8	14	5	9	9	6	11
Mania ..	..	..	..	..	1	Information not available for Years 1926—1931.					
Dementia ..	..	1	..	..	..			
Heart Disease associated with Pregnancy ..	..	2	1	..	..				
Chronic Nephritis associated with Pregnancy..	..	..	3	..	..				
TOTAL DEATHS associated with Pregnancy	2	8	9	5	9						

+ This death was caused by septicæmia following an attempt to induce an abortion. Post-mortem examination revealed no clear evidence of pregnancy. (Classified by Registrar General as death from Violence).

INFANT MORTALITY.

The Infant Mortality Rate for 1936 was 61 per 1,000 births, compared with 58 in 1935, 64 in 1934, 89 in 1933, and an average for the ten years 1926-35 of 86. The figures for and 64 in 1933 .

The following Table 5 is compiled from the Registrar General's figures for the past ten years.

TABLE 5

YEAR.	DEATHS OF CHILDREN UNDER ONE YEAR.				DEATHS OF CHILDREN OVER 1 AND UNDER 5 YEARS.		
	Congenital Debility, etc.	Pneumonia and Bronchitis	Whooping Cough and Measles	TOTAL All Causes	Pneumonia and Bronchitis	Whooping Cough and Measles	TOTAL All Causes
1936	47	12	8	75	13	10	41
1935	37	21	4	74	16	2	28
1934	46	21	10	88	16	37	68
1933	44	50	1	119	17	—	44
1932	52	40	5	123	15	8	49
1931	59	52	9	149	34	35	105
1930	47	28	6	104	15	3	34
1929	67	74	11	183	63	22	111
1928	71	31	3	132	23	4	43
1927	51	62	17	151	45	59	139

TABLE 6.
Vital Statistics of the County Borough of Barnsley during 1936 and the preceding 10 years.

Year.	Total Population Civil and Military Estimated to the middle of the year	Nett Births.		Civilian Popu- lation only.	Nett deaths at all ages		Nett Deaths in Public Institutions		Nett Deaths under 1 year of age.		Nett deaths under 1 year 5 years	Zymotic Death Rate
		Num- ber.	Rate		Num- ber.	Rate.	Num- ber.	Rate.	Per cent. of Total Nett Deaths	Influenza included		
1926	70760	1676	23.69	70760	809	11.43	233	140	84	17.31	25.22	1.00
1927	73790	1535	20.80	73790	935	12.67	285	151	98	16.15	31.02	1.69
1928	71080	1578	22.20	71080	821	11.55	233	132	84	16.08	21.31	0.62
1929	71700	1517	21.34	71700	1092	15.36	231	133	121	16.76	26.92	1.91
1930	71700	1479	20.63	71700	811	11.31	188	104	70	12.82	17.01	0.56
1931	72160	1356	18.79	72160	996	13.80	268	149	109	14.96	25.50	1.03
1932	71900	1442	20.05	71900	849	11.80	220	123	85	14.48	20.26	0.87
1933	71600	1274	17.31	71600	951	13.28	266	119	89	12.51	17.13	1.08
1934	71350	1370	19.20	71350	812	11.35	249	88	64	10.85	19.21	0.90
1935	71200	1273	17.88	71200	809	11.36	234	74	58	9.14	12.48	0.46
Average for 10 yrs 1926-35	71724	1450	20.18	71724	888	12.39	245	126	86	14.10	21.60	1.01
1936	70640	1232	17.44	70640	867	12.27	267	75	61	8.65	13.38	0.54

TABLE 7. BARNSELEY COUNTY BOROUGH COUNCIL. STATISTICS 1902—1936.

Year	Population	Inhabited Houses	Average Size of Family (Census)	Birth Rate	Death Rate	Infant Mortality Rate	Pulmonary Tb. Death Rate	Respiratory (Bronchitis & Pneumonia) Death Rate
1902	41,800	..	..	34.56	19.28	188	..	..
1903	42,400	..	..	37.14	19.92	175	1.13	3.14
1904	43,700	..	..	34.46	18.69	181	1.09	2.86
1905	44,000	..	..	33.88	16.79	150	0.82	2.32
1906	44,500	..	..	35.21	18.74	172	1.03	2.01
1907	45,000	..	..	33.77	18.46	155	1.02	2.89
1908	45,500	..	..	35.69	18.90	161	1.25	2.46
1909	46,500	..	..	34.70	17.36	135	0.94	2.68
1910	48,000	..	..	32.95	15.86	154	1.04	1.89
1911	51,000 (Census)	10,631	4.76	30.26	20.70	211	1.21	2.40
1912	51,500	..	..	30.38	14.46	100	0.54	1.80
1913	52,500	..	..	30.55	16.36	147	0.78	1.90
1914	54,000	..	..	30.51	17.77	155	1.00	2.09
1915	50,409	..	..	27.14	18.52	172	0.95	2.29
1916	53,512	..	..	25.94	15.27	111	1.09	2.77
1917	53,443	..	..	22.36	15.12	135	1.31	3.45
1918	53,116	..	..	23.94	28.73	161	1.75	4.72
1919	53,835	..	..	23.96	16.67	121	1.16	4.18
1920	53,739	..	..	32.58	14.53	129	0.74	3.03
1921	67,967 (Census)	13,547 (Ex. Wors. Com.)	4.67	29.10	15.30	114	0.93	3.15
1922	†69,540	..	..	26.36	13.26	100	0.85	2.90
1923	70,120	..	..	24.91	12.26	97	0.91	2.21
1924	70,570	..	..	26.53	13.72	98	0.95	2.90
1925	71,170	..	..	23.66	13.82	107	0.76	2.85
1926	70,760	..	..	23.69	11.43	84	0.31	2.30
1927	73,790	..	..	20.80	12.67	98	0.65	2.71
1928	71,080	..	..	22.20	11.55	84	0.67	1.66
1929	71,700	..	..	21.34	15.36	121	0.79	3.45
1930	71,700	16,958	..	20.63	11.31	70	0.64	1.50
1931	71,522 (Census)	17,119	4.28	18.79	13.80	109	0.60	2.27
1932	71,900	17,139	..	20.05	11.80	85	0.70	1.60
1933	71,600	17,460	..	17.31	13.28	89	0.81	2.02
1934	71,350	17,719	..	19.20	11.35	64	0.47	1.55
1935	71,200	18,219	..	17.88	11.36	58	0.52	1.34
1936	70,640	18,254	..	17.44	12.27	61	0.57	1.43

† Borough Extended 9. 11. 21. to include Ardsley (7,058 pop.), Monk Bretton (5,139 pop.), and Worsboro' Common (2,100 est. pop.)

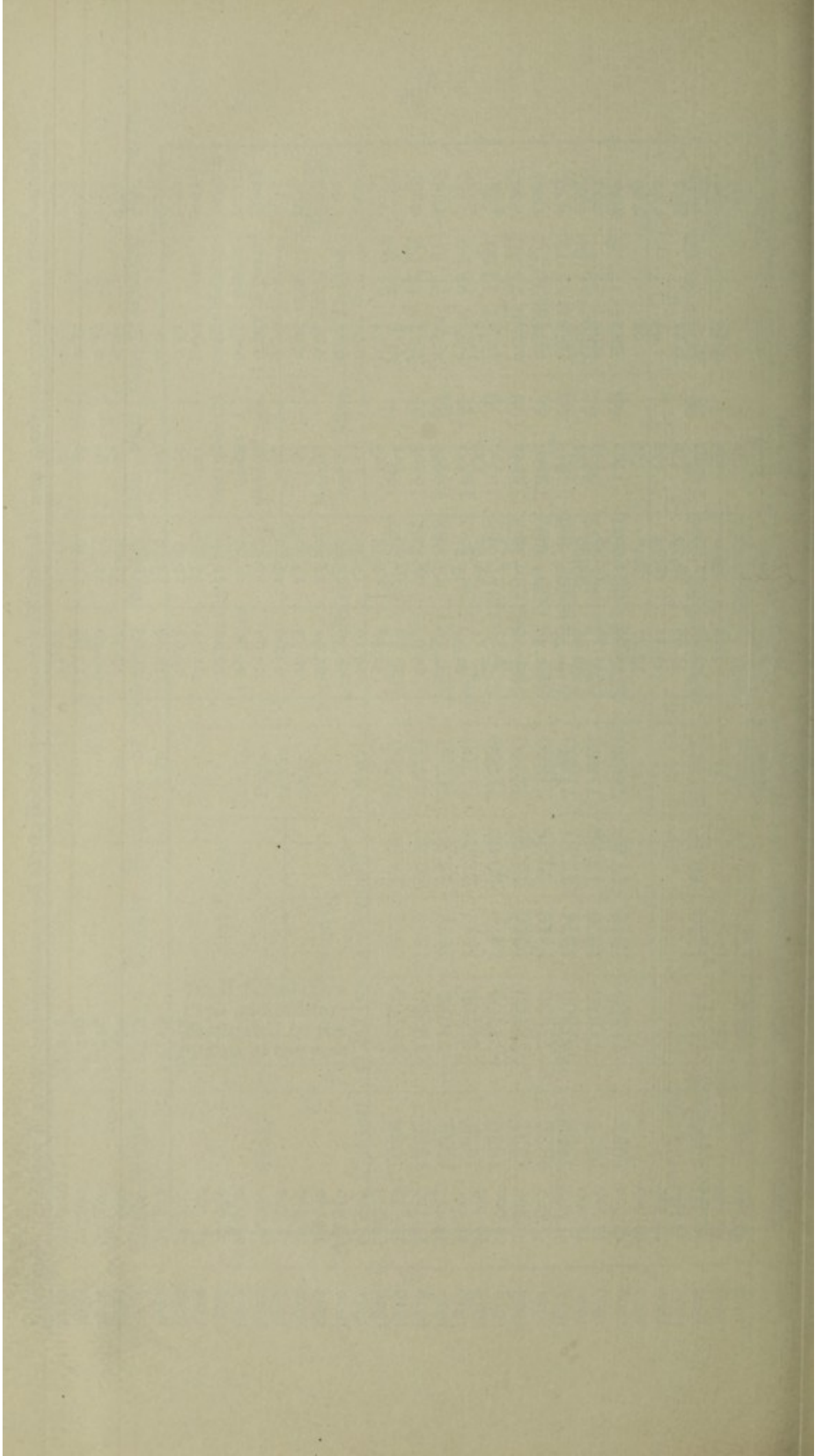


TABLE 9.
INFANT MORTALITY.

Causes of Death.	Under	1-2	2-3	3-4	Total under	4 wks. and	3 months	3 months	6 months	6 months	9 months	9 months	12 months	Total
	1 week.	weeks	weeks	weeks	4 weeks.	4 wks. and	3 months	3 months	6 months	6 months	9 months	9 months	12 months	Deaths
All Causes—Certified	39	3	4	3	49	10	8	5	8	5	3	75	75	
Uncertified
Asphyxia from Breech Delivery	1	...	...	...	1	...	...	...	...	...	...	...	1
Asphyxia from Overlaying	...	1	...	...	1	...	1	...	...	...	...	...	2
Asthenia, Prematurity, etc.	34	1	...	1	87	...	...	...	...	...	2	...	40
Atelectasis Pulmonum	3	...	...	...	3	2	4	...	...	...	...	...	3
Bronchitis, etc.	...	...	...	...	...	...	1	...	...	...	...	...	6
Cerebro-Spinal Fever	...	...	...	...	...	1	...	...	...	...	...	...	1
Congenital Heart Disease	...	...	...	...	...	...	...	...	...	...	...	...	1
Convulsions	...	...	...	1	1	...	...	...	...	...	...	...	1
Diarrhea	...	...	...	1	1	...	...	...	...	...	...	...	1
Furunculosis	...	...	...	...	...	...	...	...	...	1	...	...	2
Measles	...	...	1	...	1	...	...	...	...	...	...	...	1
Melæno Neonatorum	...	1	...	...	1	...	...	...	...	...	...	...	1
Meningitis	...	...	...	...	1	...	...	...	...	...	...	...	1
Nephritis	1	...	...	...	...	1	2	...	2	...	...	...	7
Pneumonia, etc.	...	...	1	...	1	2	...	...	...	...	...	...	1
Purpura Neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	2
Pyloric Stenosis	...	...	...	...	...	1	...	...	...	...	...	...	1
Status Lymphaticus	...	...	...	...	...	1	...	...	...	...	...	...	1
Whooping Cough	...	...	1	...	1	...	...	...	...	...	...	...	2
Totals	39	3	4	3	49	10	8	5	8	5	3	75	75	

TABLE 10.

Vital Statistics of Barnsley for 12 years, compared with those of England and Wales.

Live Births per 1,000 Total Population.			Deaths per 1,000 living.		Deaths under One year per 1,000 Live Births.	
Year.	England and Wales,	Barnsley.	England and Wales.	Barnsley.	England and Wales.	Barnsley.
1925	18·3	23·66	12·2	13·82	75	107
1926	17·8	23·69	11·6	11·43	70	84
1927	16·7	20·80	12·3	12·67	69	98
1928	16·7	22·20	11·7	11·55	65	84
1929	16·3	21·3	13·4	13·5	74	121
1930	16·3	20·63	11·4	11·31	60	70
1931	15·8	18·79	12·3	13·80	66	109
1932	15·2	20·5	12·0	11·80	64	85
1933	14·4	17·31	12·3	13·28	64	89
1934	14·8	19·20	11·8	11·35	67	64
1935	14·7	17·88	11·7	11·36	57	58
1936	14·8	17·44	12·1	12·27	59	61

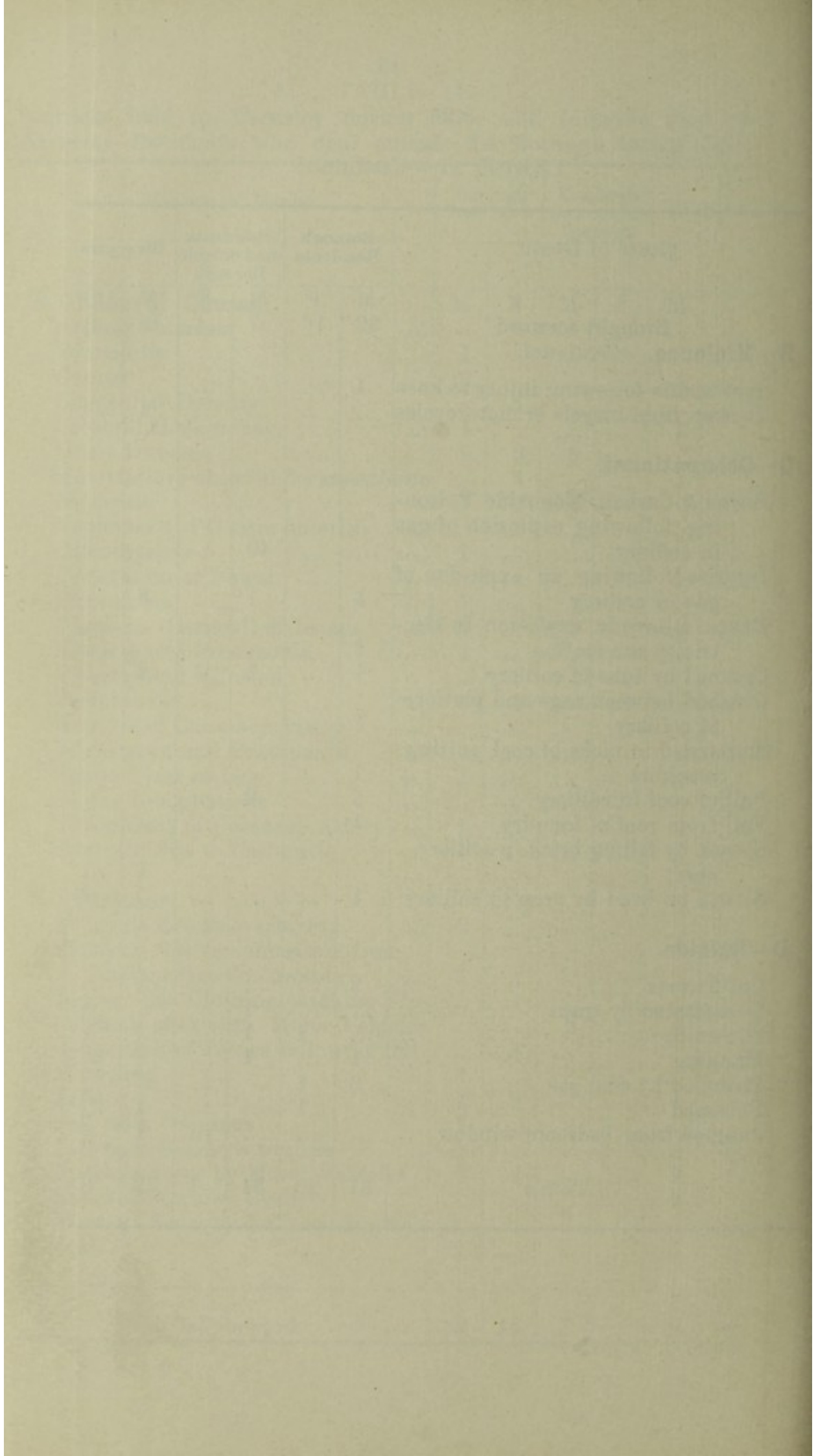
TABLE 11.

Inquests held in Barnsley during 1936, and Inquests held on Barnsley Residents who died outside the Borough during 1936.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
A—Natural Causes.						
Arterio Sclerosis ... ..	...	1	...	...	...	...
Bronchitis	1	...	...	...	...	...
Cancer	3	..	...	...	1	...
Congenital Debility ... ..	...	1	...	...	...	...
Cerebral Hæmorrhage	1	...	...	..	1	...
Heart Diseases	9	3	3	...	...	1
Heart failure whilst under anæsthetic ... ..	...	1	...	...	1	...
Nephritis	1	...	...	...	...	...
Nephritis and Gastro-enteritis ... ..	...	...	...	...	...	1
Osteomyelitis	1	...	...	...	...	1
Perforation of Bowel ... ..	...	...	...	...	1	...
Pneumonia	1	...	...	...	...	...
Paralysis (General) of Insane ... ..	...	...	1	...	...	...
Pleurisy and Pueumonia	1	...	...	...	...	...
Pleurisy and Effusion ... ..	...	1	...	...	...	...
Prematurity	1	1	...	...	...	...
Rupture of Coronary Artery ... ..	...	1	...	...	...	...
Septicæmia and Pneumonia ... ..	...	...	...	...	...	1
Septic Ulcer of Leg	1	...	...	...	...	...
Status Lymphaticus ... ..	...	1	...	..	...	...
Thrombosis of Coronary Artery	1	...	...	...	..	...
Toxæmia due to Carbuncle	1	...	...	...	...	...
B—Violence.						
Asphyxia due to overlaying	2	...	...	...	...	...
Asphyxia due to suffocation from falling face downwards	1	...	...	...	...	...
Burns om Clothing catching Fire ... ..	...	1	...	1	...	...
Collision of or with Motor Vehicles ... ..	...	...	2	...	2	...
Congestion of Lungs following fall ... ..	...	1	...	...	...	...
Drowning	1	...	...	...	...	...
Falls	1	2	...	...	1	...
Fall from Omnibus	1	...	...	...	...	...
Fall from bedroom window ... ..	...	...	...	...	...	2
Knocked down by Motor Vehicles	3	2	...	...	7	1
Knocked down by Cyclists ... ..	...	...	...	...	2	...
Knocked down by Railway Engine ... ..	...	...	1	...	...	...
Scalds	1	...	...	...	...	1
Carried forward	32	16	7	1	16	8

TABLE 11.—Continued.

Cause of Death.	Borough Residents		Residents died outside Borough		Strangers	
	M	F	M	F	M	F
Brought forward ...	32	16	7	1	16	8
B—Violence.—Continued.						
Septisæmia following injury to knee	1	...	...	...	...	...
Thrown from bicycle or motorcycles	...	...	...	...	4	..
C—Occupational.						
Burns & Carbon Monoxide Poisoning following explosion of gas in colliery ...	...	...	40	...	...	...
Injuries following an explosion of gas in colliery ...	1	...	1	...	3	...
Burns following explosion in electricity sub-station ...	1	...	...	...	..	...
Crushed by tubs in colliery ...	1	...	1	...	2	...
Crushed between cage and platform at colliery ...	1	...	...	...	...	...
Entangled in picks of coal cutting machine ...	1	...	...	...	...	...
Fall of roof in colliery ...	5	...	2	...	...	...
Fall from roof of foundry ...	1	...	...	...	...	...
Struck by falling brick in colliery shaft ...	...	...	...	...	1	...
Struck on head by prop in colliery	1	...	...	...	...	...
D—Suicide.						
Cut Throat ...	2	...	...	..	...	...
Decapitated by train ...	...	...	1	...	...	...
Drowning ...	...	2	1	...	...	...
Hanging ...	1	...	1	...	...	...
Poisoned by coal gas ...	3	1	...	...	...	...
Poisoned ...	...	1	...	...	1	...
Jumped from bedroom window ...	...	...	...	...	1	...
Totals ...	51	20	54	1	32	8



Section II.

GENERAL PROVISION OF HEALTH
SERVICES IN THE AREA.

SECTION II.

LOCAL GOVERNMENT ACT, 1929.

Appropriation of the Public Assistance Hospital as a General Municipal Hospital to be administered under the Public Health Acts came into force on the 1st April, 1936.

POOR LAW MEDICAL OUT RELIEF.

No changes in this service have taken place during the year.

DISTRICT MEDICAL OFFICERS.

Name.	Wards.
V. K. Blackburn, M.R.C.S., L.R.C.P.	East Central South-East
E. W. Blackburn, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (died 26-5-1936).	North South South-West West
N. Pick, M.B., B.Ch. (appointed temporarily)	North South South-West West
J. L. Elliott, L.S.A., L.M.S.S.A.	Monk Bretton
J. P. J. MacMahon, L.R.C.P. & S.	Ardsley

RELIEF DISTRICTS.

No. 1 District	.....	.....	West and South-West Wards.
No. 2 District	.....	.....	Central and part East Wards.
No. 3 District	.....	.....	Part of Monk Bretton Ward (i.e. Lundwood & Monk Bretton).
No. 4 District	.....	.....	North and South Wards.
No. 5 District	.....	.....	South-East and part of Monk Bretton (i.e. Smithies) Wards.
No. 6 District	.....	.....	Ardsley and part East Wards.

Through the courtesy of the Public Assistance Officer, Mr. S. Thomas, I am able to insert the following information:—

Number of persons in receipt of out-relief on the
31st December, 1936 4,240 persons.
representing 2,114 cases.
(4,585).

Amount of out-relief granted during the year
ended 31st December, 1936 £81,743 11 1d.
(£78,164 3 4d.)

The figures in brackets are the corresponding totals for 1935.

INSTITUTIONAL PROVISION FOR THE CARE OF MENTAL DEFECTIVES.

The St. Catherine's Certified Institution, near Doncaster, which is owned by the South West Yorkshire Joint Board for the Mentally Defective, of which the County Borough is a constituent member, is to undergo considerable extensions which should be available for occupation in 1938.

During 1936 the Barnsley County Borough had the following beds at its disposal:—

Classification	Allocated according to Population	Occupied 31/12/36
Males.		
High Grade	20	15
Low Grade	3	3
Males under 16 years.		
High Grade	3	3
Females.		
High Grade	15	18
Low Grade	3	4

In the St. Helen Municipal Hospital at the end of 1936, there were three mental defective males and four mental defective females.

It will be of the greatest advantage in the development of this Hospital as a General Hospital to have these mental defectives transferred to the St. Catherine's Certified Institution.

NURSING IN THE HOME.

No change has been made in this service during 1936.

NATIONAL HEALTH INSURANCE.

Owing to the courtesy of the Clerk to the Insurance Committee, Mr. J. S. Puddephatt, F.C.I.I., A.C.I.S., I am able to enclose the following report for 1936 :—

(Figures in brackets are those of the previous year and are given for comparison).

The quarterly count of the Index Register of the Committee showed that at the dates mentioned the following numbers of insured persons were resident in the Borough :—

1st April, 1936, 27,882 (26,874) insured persons.
 1st July 1936 27,814 (26,448) insured persons.
 1st October, 1936, 28,066 (26,629) insured persons.
 1st January, 1937 27,907 (27,265) insured persons.

The average insured population during the year was therefore 27,917 (26,804), an increase of 1,113 on the average of the previous year. It is particularly gratifying to note that there is on this occasion a substantial increase in the insured population, a fact which undoubtedly reflects an improvement in the trade of the town and a reduction in the number of unemployed.

There were 637 (591) cases of removal into the Borough and 1,032 (912) cases of removal out of the Borough notified to the Committee. 120 (113) insured persons temporarily resident in the area found it necessary to apply to an insurance practitioner for treatment. 3,167 (3,356) names were added to and 2,747 (2,786) removed from Insurance Practitioners' and Approved Institution's list during the year. Official Certificate forms issued for the use of practitioners and stamped with the name and address of the practitioner totalled 65,260 (67,175). 6,119 (5,606) medical cards were issued or re-issued to insured persons. 2,902 (3,589) entry cards notifying new title to medical benefit

were received from Approved Societies and 1,594 (1,827) exit cards from the same source notified termination of insurance. 245 (232) insured persons gave notice of desire to change doctor during the year and 206 (195) availed themselves of authority to do so.

The total amount paid by the Committee for the treatment of insured persons in this area to Doctors, Institutions and Chemists was roughly £15,628 (£14,470). The Chemists during the year dispensed 94,106 (90,563) prescriptions and the total cost of these prescriptions was £2,886 (£2,821). The ingredient costs of the chemists' accounts were again paid in full and the amount available for dispensing fees permitted of payment being made at the rate of 94.593 per cent of the certified fees. The average cost for the year of drugs and appliances per insured person included in doctors' lists and for whom the doctors do not themselves dispense was 28.0 (28.3) pence, the average cost per prescription being 7.4 (7.5) pence and the prescription frequency per insured person 3.80 (3.78). Prescriptions for insulin cost £69-2-7 (£104-18-3), the number of units supplied being 157,700 (174,000). The prescribing statistics issued by the Pricing Bureau for the North East Midland area again indicated the careful prescribing of doctors under contract with the Committee, the prescription cost per insured person of medicines, etc. supplied being again well below the average of the area as a whole. In recent years alarm has been expressed in various parts of the country at the increasing cost of drugs supplied to insured persons, but here again Barnsley can show favourable figures and as will be noted from the appended statistics the average cost per insured person has actually fallen by 10.3d. in the past ten years and the total cost of prescriptions is £625 less notwithstanding an increase of 2,900 in the insured population under the care of doctors. A monthly check of prescriptions issued by doctors was made in order to verify the recipients' title to benefit, and out of a total of 9,783 (9,304) scrips checked 9,752 (9,272) were verified by the Medical Register. The remaining 31 (32) queries were investigated and found to be in order.

During the course of the year 13 (13) samples of drugs and appliances were taken for analysis under the Committee's Testing Scheme and in 2 (2) cases it was necessary to refer the Analyst's report for the consideration of the Pharmaceutical Service Sub-Committee. No monetary penalty was, however, inflicted by the Committee in respect of the discrepancies disclosed.

It was again unnecessary to call a meeting of the Medical Service Sub-Committee for the purpose of considering complaints as to services rendered by Insurance Practitioners.

At the close of the year there were 36 (30) Doctors (3 of whom are assistants), 1 (1) Approved Institution and 16 (16) Chemists (involving 21 (21) shops) under contract with the Committee.

J. S. PUDDEPHATT, F.C.I.I., A.C.I.S.,

Clerk to the Committee.

TABLE 12

Statistics relating to the Prescriptions dispensed by Chemists for Insured Persons in the Area of the County Borough of Barnsley Insurance Committee during the Ten Years 1927 to 1936 inclusive.

Year.	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
1. Total number of Prescriptions ...	106,680	102,530	116,874	106,028	106,913	106,864	106,788	96,701	90,578	94,107
2. Cost of Ingredients ...	£1,607	£1,465	£1,603	£1,430	£1,316	£1,350	£1,357	£1,226	£1,178	£1,192
3. Cost of Dispensing Fees ...	£1,904	£1,812	£2,095	£1,862	£1,901	£1,927	£1,932	£1,742	£1,643	£1,694
4. Total Cost of Prescriptions ...	£3,511	£3,277	£3,698	£3,292	£3,217	£3,277	£3,289	£2,968	£2,821	£2,886
5. Average Cost of Ingredients ...	3.6d.	3.4d.	3.3d.	3.25d.	2.9d.	3.1d.	3.1d.	3.1d.	3.1d.	3.0d.
6. Average Cost of Dispensing Fees	4.3d.	4.3d.	4.3d.	4.2d.	4.3d.	4.3d.	4.3d.	4.3d.	4.4d.	4.4d.
7. Average Total Cost per Prescription	7.9d.	7.7d.	7.6d.	7.45d.	7.2d.	7.4d.	7.4d.	7.4d.	7.5d.	7.4d.
8. Total Number of Persons on List	22,027	22,686	22,978	23,317	23,685	24,022	24,718	24,296	23,841	24,934
9. Average Number of Prescriptions per Person ...	4.8	4.52	5.09	4.6	4.51	4.45	4.32	3.98	3.8	3.8
10. Average Cost per Person ...	38.3d.	34.7d.	38.6d.	34.2d.	32.6d.	32.7d.	31.9d.	29.3d.	28.4d.	28.0d.

LABORATORY FACILITIES.

The bulk of laboratory work is conducted at the Sheffield University Laboratory, while milk samples are examined at the West Riding Laboratory, County Hall, Wakefield.

It is a peculiar weakness in the Public Health Services of such an important County Borough as Barnsley that it should not possess its own pathological laboratory and that here should be no Pathologist visiting any of the Hospitals within the County Borough. If the medical services in Barnsley are to develop to their highest efficiency it is essential that a pathological laboratory, staffed with a Pathologist, should be provided within the Borough. There is much to be said for the suggestion that this laboratory should be developed at the Municipal General Hospital; it could provide the necessary pathological services for all the Corporation's Institutions and for various other pathological work at present done for the Corporation by outside laboratories; it could also carry out the necessary pathological work for the Beckett Voluntary Hospital, with which it is confidently anticipated that the St. Helen Hospital will work in the closest co-operation.

TABLE 13

INFECTIOUS DISEASES. LABORATORY TESTS AND ISSUES OF ANTITOXIN AND SALVARSAN SUBSTITUTES, BARNSELEY COUNTY BOROUGH COUNCIL.

	For Private Practitioners.	For M.O.H. or S.M.O.	For Kendray Hospital.	For Beckett Hospital.	For Municipal Hospital.	For Sanatorium.	For Tuberculosis Dispensary, Clinic.	For Venereal Diseases Clinic.	For M.&C.W. Clinic.	For Maternity Home.	Total.
Diphtheria ...	95	103	1986	7	...	1	...	...	...	...	2142
Enteric Fever ...	3	...	3	15	...	...	...	...	...	...	21
Tuberculosis ...	35	...	...	7	14	103	166	...	...	...	325
Syphilis ...	69	8	10	167	19	1	...	169	90	...	588
Cerebro-Spinal Fever ...	...	...	9	...	...	...	...	...	...	...	9
Examinations for Organisms ...	1	18	76	3	1	...	...	...	...	2	101
Totals ...	203	129	2084	199	34	105	166	169	90	2	3131

Issues of Diphtheria Antitoxin to Private Practitioners ... 58 phials
 " " " Beckett Hospital ... 12 do.
 " Anti-streptococcus Serum to Private Practitioners ... 1 do.
 " " " to Beckett Hospital ... 8 do.
 " Salvarsan Substitutes to Private Practitioners ... 9 do.

LEGISLATION IN FORCE.

The list of Local Acts, Byelaws, and Regulations in force in the County Borough was given in full in the Report for 1930—Pages 34-38. The following additions have been made since:—

Local Acts and Orders.

1930.	5th April.	Barnsley Stock Order, 1930.
1933.	11th January.	Barnsley Stock Order, 1933.
1934.	21st February.	The Barnsley (Mount Vernon Road) Housing Confirmation Order, 1934.
1934.	12th June.	The Barnsley (Drakes Yard) Housing Confirmation Order, 1934.
1934.	11th July.	The Barnsley (New Street Eastern) Housing Confirmation Order, 1934.
1934.	11th July.	The Barnsley (Oakwell Yard) Housing Confirmation Order, 1934.
1934.	27th August.	The Barnsley Monk Bretton Cemetery (Compulsory Purchase) Confirmation Order, 1934.
1935.	16th April.	The Barnsley (Westgate and Shambles Street) Housing Confirmation Orders, 1935—Numbers 4 to 14 inclusive.
1935.	16th April.	The Barnsley (Day's Court No. 15) Housing Confirmation Order, 1935.
1935.	16th April.	The Barnsley (Keel Yard, Stairfoot, No. 16) Housing Confirmation Order, 1935.
1935.	12th June.	The Barnsley (Highstone Road) Housing Confirmation Order, 1935.
1935.	3rd June.	The Borough of Barnsley (Scale of Water Charges) Order, 1935.
1935.	31st July.	The Barnsley (Shambles Street) Compulsory Purchase Order, 1935.
1935.	18th November	The Barnsley (Built-up Areas) Order No. 1. 1935.
1935.	7th December.	The Barnsley (Built-up Areas) Order No. 2. 1935.
1936.	1st July.	The Barnsley (California Gardens) Housing Confirmation Order, 1936.
1936.	1st July.	The Barnsley (Yews Lane) Housing Confirmation Order, 1936.
1936.	31st July.	Provisional Order Confirmation (Barnsley) Act, 1936.

By-Laws, Etc.

1930. 5th December. Regulation of the Trade or Business of a Hide and Skin Dealer.
1932. 17th March. Cleansing of footways and pavements, the removal of house refuse, and the cleansing of privies, ashpits, and cess-pools, and with respect to Nuisances.
1932. 11th July. Public Slaughter-house.
1935. 1st April. Employment of children and Young Persons.
1936. 27th October. Regulations for the provision of Domiciliary Assistance to Unemployable and other Necessitous Blind Persons.

HOSPITALS.

The Public Assistance Hospital at Gawber Road was approved for administration under the Public Health Acts as from the 1st April, 1936, and since then the Public Health Services Committee has been preparing its programme of re-organization and development of this Hospital.

William Simpson, Esq., M.D., Ch.B., D.C.O.G., commenced duty as the first whole-time Medical Officer for the St. Helen Hospital on the 16th June, 1936. In addition to wide experience of general medical practice and of consultative obstetrical practice, Dr. Simpson has had very extensive hospital experience and prior to coming to Barnsley was Senior Assistant Medical Officer at the St. Alfege's Hospital, London, one of the large Public Assistance Hospitals appropriated by the London County Council in 1930 for administration under the Public Health Acts. It is confidently expected that the St. Helen Hospital within the next few years will indeed become worthy of the title of the Municipal General Hospital and will become a fit partner for the excellent local Voluntary Hospital—the Beckett Hospital.

The Council during 1936 decided that its preliminary programme of construction and re-development of the St. Helen Hospital will be as follows :—

- (1) Modernization of top ward in female block.
- (2) Provision of a Nurses' Home (42 Nurses and 7 maids).
- (3) Provision of a Maternity Block (20 beds).
- (4) Provision of a House for Resident Medical Superintendent.

- (5) Provision of Staff Dining rooms.
- (6) Re-equipment of general kitchen in Hospital.
- (7) Re-modelling of administrative Block.

At the end of 1936, the Borough Engineer had carried out a large part of the preliminary work in connection with the preparation of the plans for the above developments.

(a). Beckett Hospital, Barnsley.

This is a Voluntary General Hospital, serving the needs of Barnsley and district and subsidized by the County Borough Council, which makes an annual grant of £500 towards the Extension Fund. Provision is made for adults and children, and all classes of medical and surgical work are dealt with—facilities being available for any type of operative surgery. The Institution was established in 1865 and at the close of the year 1936 had 153 beds available.

I am indebted to the Secretary-Superintendent, Mr. A. L. Bourne, for the information given below:—

“ In 1936, 2,863 in-patients, 13,504 out-patients, with 82,800 attendances were dealt with compared with 2,859, 12,825, and 82,600 respectively in 1935. The daily average number of in-patients throughout the year was 127.02, compared with 112.66 in 1935. The total expenditure for the year was £17,939 compared with £17,411 in 1935.

The Resident Medical Staff consists of one Surgical Officer, one Casualty Officer and one House Physician.

A comparative table of out-patient attendances is appended:

	1934.	1935.	1936.
NEW OUT-PATIENTS TREATED.			
General, Surgical and Medical ...	2,294	1,189	1,166
Casualties	6,378	6,772	7,579
Ophthalmic	1,035	1,023	863
Gynæcological ... ..	...	194	224
Ear, Nose and Throat ... ..	...	1,029	965
Massage and Electrical	1,003	997	986
Dental	2,004	1,621	1,721
Total	12,714	12,825	13,504

Total Number of	1934	1935	1936
Out-patient Attendances.....	83,100	82,600	82,800
Total cost of each Out-Patient.....	2s.1d.	2s. 1,4d.	2s. 0,3d.

Operations performed during the Year:—

	1934	1935	1936
Major	1,832	1,669	1,638
Minor	1,086	1,261	1,371

X-ray Department:—

Patients	4,236	4,214	5,021
Number of Radiographs	8,424	8,371	10,297
Number of Screens taken	230	298	259

INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS, ILLEGITIMATE INFANTS AND HOMELESS CHILDREN.

The Municipal Maternity Home and the maternity beds at the St. Helen Hospital are available alike for married and unmarried mothers. Illegitimate infants and homeless children are accommodated by the Public Assistance Committee either at the Children's Home at Ashley House, Barnsley, which contains 24 beds for girls, or at Huddersfield Road which contains 12 beds for boys, or in the Municipal Institution Nursery, which possesses 16 beds and two cots, 9 for boys and 9 for girls.

The Public Assistance Committee during 1936, proceeded with the erection of two new Homes which comprise two semi-detached houses each providing accommodation for twelve children and a Foster Mother and are situate on a piece of land of approximately 7,900 square yards at the junction of Rockingham Street and Smithies Lane. One of the Homes is being used for boys over the age of seven years and the other house will accommodate boys up to seven years and young girls. The premises at Ashley House, Princess Street, are being retained for the accommodation of girls of all ages. The new Homes were designed and erected by Mr. Harold Taylor the Borough Engineer, at a cost of £2,230. On the ground floor in each of the houses is to be found a dining room, a recreation room, a kitchen, a cloakroom with sanitary and toilet conveniences and a drying room, which is heated by means of electric tubular heaters. The first floor contains two children's bedrooms, an

isolation room, a Foster Mother's bedroom and bathroom, lavatory accommodation and a linen room. The Homes have been most tastefully decorated with furniture of modern design and comfort.

The Homes were brought into use on the 2nd February 1937.

AMBULANCE FACILITIES.

(a) For Infectious Cases.

Two Ambulances are provided by the Hospitals Committee of the Corporation for use in infectious cases. They are kept at Kendray Hospital and convey cases to Kendray or Lundwood Hospitals, and, if necessary home. There is much in favour of the practice of sending all cases discharged from the Isolation Hospital home by Ambulance. For one thing, it is a peculiar policy which impresses on parents that a scarlet fever child on discharge home should be kept separate from other children for a week or two and which allows such children to be taken home in a public bus, the only conveyance which many parents can afford. During 1936, therefore, a large proportion of the patients, including all diphtheria cases, on discharge from Kendray Hospital were sent home by Ambulance.

The Kendray Hospital Ambulances are also used to convey tuberculous patients and to convey orthopaedic patients to York, en route for the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside.

(b) For Non-Infectious and Accident Cases.

Two Ambulances, under the control of the Chief Constable are provided for this service.

During the year they have been used on 4,026 occasions, covering 1,580 miles, as follows :—

Cases within the Borough	.....	.....	3,892
Cases out of the Borough	.....	.....	134
			<hr/>
			4,026
			<hr/>

These include 37 journeys to Sheffield, 7 to Leeds, 1 to Manchester, 1 to Loughborough, 1 to Dewsbury, 1 to York, 1 to Pontefract and 85 journeys to villages and Institutions in the districts immediately surrounding Barnsley, but outside the Borough boundaries.

Fees received in respect of the use of these Ambulances amount to £108 3s. 6d.

No charge is made for the use of the Ambulances within the Borough.

(c) Maternity Patients.

No special provision is made for this class of patient, with the exception that cases of puerperal fever or pyrexia are conveyed to the Isolation Hospital by the Kendray Hospital Ambulances.

CLINICS AND TREATMENT CENTRES.

There has been no alteration in these Centres during 1936.

The New Medical Services Clinic was referred to fully in last year's report. It should be noted that this new Clinic included an X-ray room and an Ultra-Violet Light Treatment room. The X-ray room, which has not been equipped, has been used for the Ear, Nose and Throat and the Eye Clinics for which otherwise there is not adequate accommodation in the new Clinic. It may well be that the proposed X-ray room will not be equipped with x-ray apparatus and will remain available for the Eye and Ear Clinics. A suggestion is offered that the advisable line of development is for the Corporation to provide, at some later date, a modern and efficient central X-ray department at the St. Helen Hospital rather than to have three separate X-ray units at the St. Helen Hospital, the Queen's Road Tuberculosis Dispensary and the Central Medical Services Clinic.

In the meantime, the only X-ray plant in the possession of the Corporation is the rather antiquated outfit at the Queen's Road Dispensary, but it would probably be inadvisable to contemplate replacing this apparatus at the Dispensary as the advisability of changing the situation of the Dispensary itself should come up for serious consideration within the next few years. Both it and the adjacent Venereal Diseases Clinic could be administered much more efficiently and more economically in

special departments incorporated in the St. Helen Hospital. The apparatus in the Ultra-Violet Light Treatment room at the central Medical Services Clinic was installed during 1936, but has not been brought into use yet.

For some years Ultra-Violet Light Treatment both for tuberculous and non-tuberculous cases has been given at the Light Treatment Centre attached to the Queen's Road Dispensary, two sessions each week having been provided for non-tuberculous patients who, of course, attend at times when there are no tuberculous patients present. Ultra-Violet Light Treatment of the non-tuberculous patients has been under the charge of the Clinical Tuberculosis Officer who has expressed doubt as to whether the new Light Treatment room at the Central Medical Services Clinic is large enough to secure the necessary adequate ventilation. It has not yet been decided whether the Ultra-Violet Light Treatment for non-tuberculous patients will remain under the care of the Tuberculosis Officer in view of his special experience in light treatment or whether it will be taken over by one of the Assistant Medical Officers more directly concerned with the infant welfare and school medical work.

Table 14 gives full particulars of all Clinics and Treatment Centres as follows :—

TABLE 14.
CLINICS AND TREATMENT CENTRES, 1936.

Clinic	Centre	Hours.
ANTE-NATAL	<p>Central Clinic, New Street</p> <p>Wesleyan Methodist Chapel Schoolroom, Harold Avenue, Lundwood</p> <p>Wesleyan Reform Chapel Schoolroom, Hunningley Lane, Stairfoot</p>	<p>Monday, 2 p.m. to 4.30 p.m.</p> <p>Thursday " " "</p> <p>Tuesday, " " "</p> <p>Wednesday, 9 a.m. to 10.30 a.m.</p>
POST-NATAL INFANT WELFARE.	<p>Central Clinic, New Street</p> <p>Central Clinic, New Street</p>	<p>Friday morning, by appointment</p> <p>Tuesday, 9.30 a.m. to 12 noon 2 p.m. to 4.30 p.m.</p> <p>Wednesday, 9.30 a.m. to 12 noon 2 p.m. to 4.30 p.m.</p> <p>Friday, 2 p.m. to 4.30 p.m.</p> <p>Tuesday, 9 a.m. to 10.30 a.m.</p> <p>Thursday, 2 p.m. to 4.30 p.m.</p> <p>Wednesday, 2 p.m. to 4.30 p.m.</p> <p>Friday, 2 p.m. to 4.30 p.m.</p>
MINOR AILMENTS.	<p>Central Clinic, New Street</p> <p>Council Offices, High Street, Monk Bretton</p> <p>Wesleyan Reform Chapel Schoolroom, Hunningley Lane, Stairfoot</p>	<p>Daily, 9 a.m. to 5.30 p.m.</p> <p>Saturday, 9 a.m. to 12 noon</p> <p>Tuesday, " " "</p> <p>Thursday, " " "</p> <p>Wednesday, 10.30 a.m. to 12 noon</p>
DENTAL.	<p>Central Clinic, New Street</p> <p>Wesleyan Chapel, Hunningley Lane, Stairfoot</p> <p>Council Offices, Monk Bretton</p>	<p>Daily, 9 a.m. to 5.30 p.m.</p> <p>Saturday, 9 a.m. to 12 noon</p> <p>Tuesday and Friday, 9 a.m. to 12 noon</p> <p>Monday, 9 a.m. to 12 noon</p>
AURAL	<p>Central Clinic, New Street</p> <p>Central Clinic, New Street</p>	<p>Wednesday, 9.30 a.m. to 12 noon</p> <p>Monday " " "</p> <p>Friday " " "</p>
OPHTHALMIC.	<p>Central Clinic, New Street</p>	<p>Wednesday (once monthly) by appointment</p>
ORTHOPÆDIC.	<p>Central Clinic, New Street</p>	<p>Saturday, 10 a.m.</p>
DIPHTHERIA IMMUNIZATION	<p>Public Health Department, Town Hall</p>	<p>Tuesday, 10 a.m. to 12 noon 2 p.m. to 4.30 p.m.</p>
TUBERCULOSIS DISPENSARY	<p>Queen's Road, Barnsley</p>	<p>Thursday, 2 p.m. to 4 p.m. 6 p.m. to 8 p.m.</p>
ARTIFICIAL SUNLIGHT.	<p>Tuberculosis Dispensary, Queen's Road, Barnsley</p>	<p>Monday & Thursday, 9.30 a.m. to 12 noon (T.B. cases—Adults)</p> <p>Monday and Friday, 1.30 to 4 p.m. (Non T.B. cases—Children)</p> <p>Wednesday, 1.30 to 4.30 p.m. (T.B. cases—Children)</p> <p>Saturday, 9.30 to 12 noon (T.B. cases—Children)</p>
VENEREAL DISEASE.	<p>Queen's Road, Barnsley</p>	<p>Men—Medical Treatment— Monday, 6.30 to 8.30 p.m. Thursday, 6.30 to 9.30 p.m. Intermediate Treatment— Daily—9 a.m. to 11 a.m. 6 p.m. to 8 p.m.</p> <p>Women and Children— Medical Treatment— Thursday, 3 to 6 p.m. Intermediate Treatment— Monday, Wednesday and Friday, 3 to 5 p.m.</p>

DATE	DESCRIPTION	AMOUNT	BALANCE
1880	To Balance	100.00	100.00
1881	By Cash	50.00	150.00
1882	To Cash	200.00	350.00
1883	By Cash	100.00	450.00
1884	To Cash	300.00	750.00
1885	By Cash	150.00	900.00
1886	To Cash	400.00	1300.00
1887	By Cash	200.00	1500.00
1888	To Cash	500.00	2000.00
1889	By Cash	300.00	2300.00
1890	To Cash	600.00	2900.00
1891	By Cash	400.00	2500.00
1892	To Cash	700.00	3200.00
1893	By Cash	500.00	2700.00
1894	To Cash	800.00	3500.00
1895	By Cash	600.00	2900.00
1896	To Cash	900.00	3800.00
1897	By Cash	700.00	3100.00
1898	To Cash	1000.00	4100.00
1899	By Cash	800.00	3300.00
1900	To Cash	1100.00	4400.00
1901	By Cash	900.00	3500.00
1902	To Cash	1200.00	4700.00
1903	By Cash	1000.00	3700.00
1904	To Cash	1300.00	5000.00
1905	By Cash	1100.00	3900.00
1906	To Cash	1400.00	5300.00
1907	By Cash	1200.00	4100.00
1908	To Cash	1500.00	5600.00
1909	By Cash	1300.00	4300.00
1910	To Cash	1600.00	5900.00
1911	By Cash	1400.00	4500.00
1912	To Cash	1700.00	6200.00
1913	By Cash	1500.00	4700.00
1914	To Cash	1800.00	6500.00
1915	By Cash	1600.00	4900.00
1916	To Cash	1900.00	6800.00
1917	By Cash	1700.00	5100.00
1918	To Cash	2000.00	7100.00
1919	By Cash	1800.00	5300.00
1920	To Cash	2100.00	7400.00

STATE OF NEW YORK

1920

SECTION II

WATER

The quality of the water supply in this area is generally good, but it is subject to seasonal variations. The water is drawn from a well located in the center of the area. The water is used for drinking and domestic purposes. The water is treated with chlorine to kill any bacteria that may be present. The water is distributed to the houses in the area by a network of pipes. The water is clean and clear, and it is safe to drink. The water is also used for irrigation of the crops in the area. The water is a vital resource for the people in this area, and it is important to ensure that it is always available and of good quality.

SECTION III

The sanitary conditions in this area are generally good. The houses are built with mud-brick walls and have a thatched roof. The houses are well-ventilated and have a good drainage system. The water is clean and clear, and it is safe to drink. The water is also used for irrigation of the crops in the area. The water is a vital resource for the people in this area, and it is important to ensure that it is always available and of good quality.

SANITARY CIRCUMSTANCES OF THE AREA

The sanitary conditions in this area are generally good. The houses are built with mud-brick walls and have a thatched roof. The houses are well-ventilated and have a good drainage system. The water is clean and clear, and it is safe to drink. The water is also used for irrigation of the crops in the area. The water is a vital resource for the people in this area, and it is important to ensure that it is always available and of good quality.

Section III.

**SANITARY CIRCUMSTANCES
OF THE AREA.**

SECTION III.

WATER.

The good quality of the water has been maintained and confirmed by regular satisfactory bacteriological analyses.

In the autumn of 1936 a potential source of pollution of the Midhope Reservoir from night-soil deposited on neighbouring privately owned land was discovered by the Waterworks Engineer and Manager; the nuisance was abated by the kind endeavours of the Medical Officer of Health of the neighbouring Rural District, after informal request by the Barnsley Medical Officer of Health. This incident brought out clearly the necessity of the present system of regular chlorination of the water from Barnsley reservoirs since they are not surrounded by a sufficient area of protected land to ensure freedom from pollution. In reference to water supplies in general, including the Barnsley reservoirs, it is pointed out that, valuable though chlorination is as a last public line of defence, it is in verity the last public line of defence; and as the chlorination scheme may break down owing either to failure of the human element or to mechanical breakdown, accidental or deliberate, it behoves every Authority to eliminate as far as possible potential sources of pollution in the gathering grounds of its water supplies. It is not enough to have nuisances abated quickly after they have developed; that method leaves too many loopholes.

I am indebted to the courtesy of Mr. W. G. Lees, Assoc. M.Inst.C.E., M.Inst.W.E.; Waterworks Engineer and Manager, for the following Table of rainfall:—

TABLE 15
BARNSELY CORPORATION WATERWORKS.
RAINFALL. JORDAN HILL. MIDHOPE.

1936.		JORDAN HILL	MIDHOPE
		Inches	Inches
January	.....	3.15	4.55
February	.....	3.09	4.26
March	.....	1.94	3.71
April	.....	1.04	2.04
May	.....	0.99	1.72
June	.....	4.44	4.66
July	.....	3.25	3.95
August	.....	0.99	1.39
September	.....	2.55	4.91
October	.....	2.27	4.89
November	.....	2.97	7.13
December	.....	1.85	5.00
		<u>28.53</u>	<u>48.21</u>
		Total	

DRAINAGE AND SEWERAGE.

The only extensions to the sewers have been short ones to meet building developments.

RIVERS AND STREAMS.

During 1936 no flooding of the houses in the low lying portion of the town has been encountered.

PRIVATE STREET WORKS.

I am indebted to the courtesy of Mr. H. Taylor, A.M.Inst.C.E., Borough Engineer and Surveyor, who has supplied me with the following information and that relating to Drainage and Sewerage:—

“Five front streets and seven back roads (or secondary means of access) were completed during the year 1936; total length 613 yards at a cost of £3,037. Also six front streets of a further total length of 643 yards have been completed during the year by the owners.”

I am also indebted to Mr. Taylor for the following statement showing the number and description of buildings for which plans have been presented for approval since 1900 and the number of buildings actually erected.

TABLE 16.

BUILDINGS FOR WHICH PLANS HAVE
BEEN PRESENTED FOR APPROVAL.

Year.	Set of Plans Deposited.	Villas, Houses, and Cottages.	Shops, including Look-out Shops.	Public Buildings, including Schools.	Mills, Workshops, Factories, etc.	Buildings of other Description, including alterations and additions.	Total number of Proposed Buildings
1900	95	174	8	3	10	43	238
1901	100	257	10	1	14	45	327
1902	119	269	6	6	10	40	331
1903	135	335	17	3	9	56	420
1904	137	331	10	2	16	56	415
1905	133	215	15	3	16	61	310
1906	93	175	23	4	10	28	240
1907	117	272	39	3	13	35	362
1908	107	257	21	3	20	29	330
1909	124	286	12	4	1	41	344
1910	98	269	9	7	10	38	333
1911	122	226	8	5	3	69	311
1912	103	194	7	5	36	27	264
1913	82	199	12	5	22	27	265
1914	92	121	8	4	4	52	189
1915	67	80	.....	2	1	48	131
1916	36	.....	3	.....	22	14	39
1917	12	.....	.....	.....	9	3	12
1918	21	.....	.....	.....	9	11	20
1919	52	2	3	.....	28	19	52
1920	63	18	3	2	17	32	72
1921	57	5	3	1	26	18	53
1922	108	42	11	.....	43	18	114
1923	164	182	14	.....	55	30	284
1924	171	239	4	4	35	41	323
1925	190	171	23	3	37	29	263
1926	164	141	11	3	48	22	225
1927	116	66	28	6	56	17	173
1928	95	35	6	4	36	21	102
1929	71	29	18	3	8	56	114
1930	62	30	5	4	2	38	79
1931	69	27	3	6	4	42	82
1932	73	136	1	4	5	27	173
1933	134	256	5	2	2	45	310
1934	171	464	16	3	2	65	550
1935	153	321	8	5	4	70	408
1936	123	298	7	4	1	59	369

TABLE 17
BUILDINGS ERECTED AND COMPLETED.

Year	Villas, Houses and Cottages.	Shops, including Lock-up Shops	Public Buildings, including Schools.	Mills, Workshops, Factories, etc.	Buildings of other description, including alterations and additions.	Total number of Buildings.
1900	90	2	2	5	28	127
1901	119	4	.....	.....	7	130
1902	148	6	2	9	29	194
1903	285	7	.....	6	34	332
1904	257	3	.....	3	9	272
1905	287	10	4	9	24	334
1906	158	6	1	8	19	192
1907	178	10	3	9	36	236
1908	185	12	1	4	4	206
1909	264	15	2	1	7	289
1910	230	17	5	2	8	262
1911	201	3	2	1	10	216
1912	163	3	7	4	9	186
1913	144	7	1	3	6	161
1914	120	8	5	2	11	146
1915	75	.....	1	2	6	84
1916	7	1	3	.....	1	12
1917	.....	.....	.....	2	.....	2
1918	.....	.....	.....	.....	1	1
1919	.....	2	.....	2	3	7
1920	4	1	1	1	3	10
1921	7	1	.....	4	.....	12
1922	*177	2	.....	1	7	*177
1923	14	.....	.....	1	.....	24
1924	*266	6	.....	10	9	*266
1925	24	.....	.....	5	49	34
1926	*34	4	1	5	7	122
1927	105	10	2	13	5	*152
1928	*152	12	2	3	1	161
1929	131	12	2	28	7	*435
1930	*435	26	5	30	9	161
1931	143	.....	.....	.....	.....	*546
1932	*546	12	4	4	28	156
1933	90	12	4	4	9	101
1934	*316	6	4	4	28	*316
1935	46	12	5	6	16	155
1936	*155	4	3	2	12	72
1937	30	.....	.....	.....	.....	*252
1938	*252	4	6	1	50	50
1939	21	12	3	2	16	*150
1940	*150	4	7	6	18	56
1941	25	.....	.....	.....	.....	221
1942	*150	3	5	1	26	*10
1943	32	2	2	1	32	322
1944	189	.....	.....	.....	.....	*35
1945	*10	2	4	2	32	565
1946	291	10	4	2	36	*266
1947	*35	.....	.....	.....	.....	253
1948	251	8	4	1	36	*234
1949	*266	.....	.....	.....	.....	.....
1950	253	.....	.....	.....	.....	.....
1951	*185	.....	.....	.....	.....	.....

* These figures apply to the houses erected by the Corporation under their Housing Schemes.

WORK OF THE VETERINARY SURGEON.

The following report of the work accomplished during 1936 under the provision of the Diseases of Animals Acts and Orders, the Tuberculosis Order, 1925, and the Milk and Daries Order, 1926, has been prepared by Mr. Peter J. McCann, M.R.C.V.S.; Acting Veterinary Officer :—

Under the Diseases of Animals Act, the following diseases are dealt with :—

Anthrax : Contagious Bovine Pleuro-pneumonia : Epizootic Lymphangitis : Glanders and Farcy : Rabies : Rinderpest : Sarcoptic and Psoroptic Mange in Equines : Sheep-pox : Sheep-Scab : Swine Fever : Bovine Tuberculosis.

With the exception of Swine Fever and Tuberculosis, there have been no confirmed cases of any of the above diseases within the County Borough during 1936. The number of reported cases of suspected Swine Fever was 18, of which only one case was confirmed as Swine Fever.

Tuberculosis Order, 1925.

According to the provisions of this Order, an Animal must be affected with Tuberculosis in one of the following forms before it can be dealt with :—

1. Tuberculosis of the Udder.
2. Giving of Tuberculous Milk.
3. Suffering from chronic cough and showing definite clinical signs of tuberculosis.
4. Suffering from Tuberculosis with emaciation.

If an animal is suffering from tuberculosis in any of the above forms, it is required by law to be slaughtered. Compensation is paid to the owner as laid down in the Order.

The following are statistics of work done under this Order during 1936, compared with that of the previous year :—

No. of Inspections.	1936	1935
No. of Inspections of Farms	28	27
No. of Inspections of Animals	72	98
No. of individual samples of milk taken	62	88
No. of animals found to be giving tuberculous milk	3	7
No. of animals reported as suspected by owner	7	3
No. found affected by clinical examination during routine inspection	2	1
No. of cases in which diagnosis was aided by application of Tuberculin Test	5	1
Total number of animals slaughtered	12	11
No. found to be affected post-mortem	12	11
No. in which disease was "advanced" post-mortem	8	6
No. in which disease was "non-advanced"	4	5
Negative	—	—
Total Valuation of Cattle	£144 10 0	£173 15 0
Total Compensation paid	£56 12 6	£85 18 9
Average value per cow	£12 0 0	£15 14 6
Average compensation per cow	£4 14 4½	£7 16 3

The following Table gives a summary of post-mortem findings :—

A. Tuberculosis of the Udder	6
B. Giving Tuberculous Milk and showing lesion of tuberculosis	1
C. Tuberculous Emaciation	3
D. Affected but not as in A. B. or C.	2

(N.B.—When Tuberculosis of Udder is present, it is classified under A. whatever other symptoms or lesions may have been found).

Routine "group" samples of milk are taken from each herd twice yearly under the provisions of the Milk and Dairies Order and examined by guinea-pig inoculation for the presence of tubercle bacilli. When it is considered advisable, a separate sample may be obtained from a particular cow. When a "group" sample is found to be tuberculous, "individual" samples are taken from the cows, whose milk was contained in the original sample. This further investigation of positive "group" samples is carried out under the Tuberculosis Order.

Thus the particular cow which is excreting tubercle bacilli in its milk is detected and dealt with under the Order and in this way some animals which were above suspicion clinically were found to be giving tuberculous milk. Excluding the three cows found to be giving tuberculous milk, the average agreed value was £10 14s. 5d. per cow, while the average valuation of those three animals was £16 0s. 5d. This fact is significant of the healthy appearance of the three animals and the comparative absence of clinical symptoms.

For cattle in which disease is found to be advanced on post-mortem examination, one quarter of the agreed value is paid with a minimum of 30s. (thirty shillings), for cattle found to be "non-advanced," three-quarters value is paid, and for cattle in which lesions of tuberculosis are absent on post-mortem, full value plus £1 is paid to the owner. "Advanced" and "non-advanced" cases are defined in the Order.

Milk and Dairies Order, 1926. Under the provisions of this Order, regular inspections of all cows on the premises of registered milk producers must be made. In the County Borough of Barnsley these inspections are carried out quarterly, and twice yearly routine "group" samples of milk are taken from the herds and subjected to the biological test for the presence of tubercle bacilli (i.e. guinea-pig inoculation). The following are statistics of the work done under this Order with comparisons with that of the previous year:—

	1936	1935
No. of registered dairy farms	19	20
No. of visits to cowsheds	65	50
No. of inspections of animals	578	448
No. of "group" samples of milk taken	57	68
No. of "group" samples found to contain tubercle bacilli	6	13
No. of farms on which Tuberculosis was found to exist	9	9
No. of farms free of tuberculosis	10	11

There was no increase in the number of accredited herds in the Borough, there being only two such herds, in both of which a high standard of cleanliness of milk production was maintained.

General Remarks.

The most notable feature of the above statistics is the considerable difference in the number of cows excreting tubercle bacilli in the milk in the last two years. These were detected by our method of routine 'group' sampling. Although more inspections were made and a larger number of cows examined during 1936, fewer "group" samples of milk were taken by including the milk of more animals in each sample. This alteration was considered advisable from an economic point of view, but it did not reduce the efficiency of the test.

A greater number of tubercular cows were detected by clinical examination than in 1935, and the double intradermal tuberculin test as an aid to diagnosis was more frequently employed. The test is applied only in cases showing clinical symptoms which are not sufficiently definite to warrant immediate slaughter under the Order, and the freer use of this test was made with the object of safeguarding the owner by minimising the risk of mistaken diagnosis. Every suspected animal which was so tested ultimately re-acted.

A very satisfactory figure in the statistics of the Tuberculosis Order is the increase in the number of animals reported as suspected by owners. This number is actually larger but some of the animals reported were found on examination to be suffering from other conditions. It is evident from this that the farmer himself has realised the necessity of ridding his premises of cases of "open" tuberculosis, which excrete living tubercle bacilli in the faeces, milk, sputum, etc. and thus expose the rest of the herd to the danger of infection.

As a result there has been greater understanding and harmony between the farmer and inspector in carrying out the regulations of the Order, and, what is more important, we can confidently expect a steady improvement in the health of the cattle population of this Borough.

**REPORT OF THE CHIEF SANITARY INSPECTOR AND
CLEANSING SUPERINTENDENT FOR THE YEAR 1936.**

To the Chairman and Members of the Sanitary Committee.

Mr. Chairman and Gentlemen,

I submit the Annual Report of the work of the Sanitary Department for the year 1936.

The year has been an exceptionally busy one due, in the main, to the survey to ascertain the extent of overcrowding in the Borough, and to housing. These and other activities are fully dealt with in the report.

I wish to record the splendid work of all the members of the staff who have been called upon on many occasions to do extra work. They have given of their best and made possible the work that has been accomplished during the year.

I am, Gentlemen,

Your obedient servant,

JOHN W. MELLOR,

Chief Sanitary Inspector & Cleansing Superintendent.

SANITARY CIRCUMSTANCES.

TABLE 18.

DETAILS OF INSPECTION WORK.

		Inspec-	Re-in-
Dwelling-houses:		tions	spections
No. Inspected (ordinary)	.....	2,741	5,076
”	re Infectious Disease	591	11
”	re Complaints	496	10
”	re Suspected Overcrowding	3	95
”	re Dirty Condition	38	65
”	re Verminous Condition	4	10
Other Inspections:			
No. of Houses-let-in-lodgings	.....	14	4
”	Tents, Vans and Sheds	16	12
”	Common Lodging Houses	69	—
”	Schools	5	2
”	Factories	12	4
”	Workshops—Ordinary	46	2
	Domestic	1	—
	Workplaces	9	—
	Outworkers	3	—
”	Bakehouses—Ordinary	112	9
	Underground	1	—
”	Shops—re Shops Act	226	18
”	Cowsheds	131	4
”	Dairies	40	—
”	Premises re Bottled Milk	59	1
”	Ice Cream Premises	91	2
”	Slaughterhouses	2,750	1
”	Offensive Trades	83	1
”	Fried Fish Shops	182	1
”	Wet Fish Storage Premises	9	2
”	Food Preparing Premises	128	—
”	Ice and Cold Storage Premises	13	—
”	Markets	861	—
”	Stalls re Meat	15,273	—
”	Stalls re Other Foods	13,367	—
”	Shops re Meat	1,831	—
”	Shops re Other Foods	958	—
”	Vans re Meat	2	1
”	Urinals	24	—

	Inspec- tions	Re-in- spections
No. of Stable Premises	7	4
„ Premises re swine, fowls and other animals	26	5
„ Offensive Accumulations	28	8
„ Drains—Inspected	314	21
No. of Drains—Colour Tested	176	7
Water Tested	1	—
Grenade Tested	140	9
No. of Sewers, etc., inspected	22	2
„ Street Gullies inspected	2	—
„ Canal Boats	16	1
„ Smoke Observations—General	109	—
„ „ „ Visits to Plant, etc.	13	—
„ Cinemas and Theatres	17	—
„ Premises re rats	136	106
„ Knackers Yard	1	—
„ Premises re Privies	17	—
„ Dry ashpits inspected	1,011	—
„ Miscellaneous Visits	110	4
Total No. of Defects Found in connection with Houses	2,772	—
Total No. of Houses affected by Defects	2,884	—
Total No. of Defects Found in connection with Other Premises	119	—
Total No. of Other Premises affected by Defects	653	—
Total No. of Defects Found	2,891	—

**SANITARY IMPROVEMENTS MADE AND DEFECTS
REMEDIED UNDER THE SUPERVISION OF THE
SANITARY INSPECTOR.**

DWELLING-HOUSES: INTERNAL.

Living Rooms:

Ventilation improved	2
New windows provided	5
Old windows repaired	3
Window cords renewed	17
Dampness in walls prevented	24
Plaster of walls repaired	59
Plaster of ceilings repaired	12

Waste Water Closets:

Repaired	41
Converted to ordinary water closets	8
Cleansed and limewashed	2
Abolished	6
Eaves spouts provided	4

Midden Privies:

Converted to Water Closets	1
Abolished	2

Pail Closets.

Repaired	1
New pails provided	1

Ashpits:

Repaired	5
Abolished (wet)	3
Abolished (dry)	29
Converted into ashbin shelters	23

Ash Bins:

Provided in substitution of ashpits	146
Provided for new houses	438
Provided for other premises	8
Renewed	777
Shelters repaired	6
Shelters provided	4

Drains:

Abolished	9
Under house abolished	1
Repaired	48
Reconstructed	38
New drains laid	7
Cleansed	291
Disconnected from sewer	5
Intercepting chambers provided	5
Ventilated	6
Inspection chambers built	15
Inspection chambers repaired	5
Inspection chamber cover provided	2
Openings removed from inside buildings	3
Self-cleansing gullies provided	127
Cap provided to intercepting trap	1

TABLE 19.

INSPECTION WORK.

Total number of inspections made	.....	.....	.....	43,507
„ „ re-inspections made	.....	.....	.....	8,072
„ „ defects found	.....	.....	.....	3,655
„ „ defects remedied	.....	.....	.....	3,272
„ „ informal notices served	.....	.....	.....	957
„ „ formal notices served	.....	.....	.....	156
„ „ informal notices complied with	.....	.....	.....	947
„ „ formal notices complied with	.....	.....	.....	141
„ „ letters sent out	.....	.....	.....	1,983
„ „ waste water closets attended to	.....	.....	.....	2,041

PAVING OF YARDS.

Four hundred and twenty-two houses have been improved by the paving of seventy-six back yards.

TABLE 20.

SANITARY ACCOMMODATION.

The following work has been done during the year:—

CLOSET ACCOMMODATION.

No. of waste water closets converted into water closets	.....	.....	.....	8
„ waste water closets abolished	.....	.....	.....	6
„ waste water closets demolished (clearance areas)	.....	.....	.....	17
„ additional water closets provided	.....	.....	.....	43
„ water closets provided for new houses	.....	.....	.....	438
„ water closets demolished (clearance areas)	.....	.....	.....	127
„ midden privies converted to water closets	.....	.....	.....	1
„ midden privies abolished	.....	.....	.....	2
„ midden privies demolished (clearance areas)	.....	.....	.....	4

The Closet accommodation in the Borough at the end of 1936, is :—

Water Carriage System—

Fresh Water Closets	.....	.....	.....	13,296
Waste Water Closets	.....	.....	.....	2,030
				<u>15,326</u>

Conservancy System—

Midden Privies	.....	.....	.....	181
Pail Closets	.....	.....	.....	51
				<u>232</u>

HOUSE REFUSE ACCOMMODATION.

Ashpits (dry) abolished	.....	.....	.....	.....	.....	.....	.....	29
Ashpits (dry) abolished (clearance areas)	.....	.....	.....	.....	.....	.....	.....	17
Ashpits (wet) abolished	.....	.....	.....	.....	.....	.....	.....	3
Ashpits (wet) abolished (clearance areas)	.....	.....	.....	.....	.....	.....	.....	4
Ashbins provided in lieu of ashpits	.....	.....	.....	.....	.....	.....	.....	146
Ashbins provided for new houses	.....	.....	.....	.....	.....	.....	.....	438
Ashbins abolished (clearance areas)	.....	.....	.....	.....	.....	.....	.....	161

The accommodation for the storage of house refuse is:—

Ashbins	.....	.....	.....	.....	.....	.....	.....	.....	14,063
Ashpits (dry)	.....	.....	.....	.....	.....	.....	.....	.....	1,154
Ashpits (wet)	.....	.....	.....	.....	.....	.....	.....	.....	116

TABLE 21

The following Table is that required by the Home Office, and represents the work done by the Sanitary Inspector in connection with Factories, Workshops and Workplaces.

FACTORIES, WORKSHOPS AND WORKPLACES.

Premises.	Number of		
	Inspections.	Written Notices.	Occupiers Prosecuted.
(1)	(2)	(3)	(4)
FACTORIES (including Factory Laundries)	16	1	-
WORKSHOPS (including Workshop Laundries)	171	-	-
WORKPLACES (other than Outworkers' Premises)	9	-	-
TOTAL	196	1	-

2.—Defects found in Factories, Workshops and Workplaces:

Particulars.	Number of Defects.			No. of Offences in respect to which Prosecutions were Instituted
	Found	Remedied	Referred to H.M. Inspector	
NUISANCES UNDER THE PUBLIC HEALTH ACT—				
Want of Cleanliness ...	3	3	-	-
Want of Ventilation ...	-	-	-	-
Overcrowding ...	-	-	-	-
Want of Drainage of Floors ...	-	-	-	-
Other Nuisances ...	-	-	-	-
SANITARY ACCOMMODATION—				
Insufficient ...	-	4	-	-
Unsuitable or Defective ...	17	17	-	-
Not separate for Sexes ...	-	-	-	-
OFFENCES UNDER THE FACTORY & WORKSHOP ACT—				
Illegal Occupation of Underground Bakehouses ...	-	-	-	-
Other Offences ...	-	-	-	-
TOTAL ...	20	24	-	-

The erection of four water closets at two workshops abates notices that were outstanding at the end of 1935. The work had been commenced but not completed at the end of 1935.

Three workshops were found to be in a dirty condition; seven sanitary conveniences at one factory were found to be in a dirty condition; seats were missing from all seven water-closets, two flushing cisterns were not in proper working order, and a water-pipe was burst. These have all been remedied.

OUTWORKERS (FACTORY & WORKSHOPS ACT, 1901).

Three visits have been paid to outworkers' premises. The condition of the premises was satisfactory.

AMUSEMENT HOUSES.

Seventeen visits of inspection were paid to places of amusement. The owners are keeping the premises, including sanitary conveniences, in a good state of repair.

COMMON LODGING HOUSES.

The number of common lodging houses in the Borough remains the same, namely ten. The largest has been closed for the past two or three years. The population using the common lodging houses is very small.

Two applications for the transference of keeper and one application as deputy keeper were granted.

HOUSES-LET-IN-LODGINGS.

This type of dwelling is still on the increase and is difficult to control.

TENTS, VANS AND SHEDS.

Twenty-eight visits have been made for the purpose of inspecting tents, vans and sheds.

Several notices have been served on the occupiers to remove the structures. Seven vans were removed during the year.

CANAL BOATS ACTS, 1877 & 1884.

No. of Boats inspected 16

The number of persons living on board was :—

25 Adults, namely 19 males and 6 females.

5 children, namely 3 males and 2 females.

The following infringements of the Act were found :—

3 boats had no certificate on board.

1 boat was not numbered, lettered or marked.

1 boat was overcrowded.

4 boats had defective deck-light ventilators.

1 boat required the cabin painting.

1 boat had a certificate on board which did not identify the owner or boat.

1 boat had defective woodwork of the cabin.

Inspector was refused admission on one boat.

SMOKE ABATEMENT.

One hundred and nine recorded observations were made of chimneys attached to steam raising plants.

Four observations showed that the emission of black smoke exceeded the byelaw limit of two minutes in a continuous period of thirty minutes.

At one firm, two observations gave a reading of twenty-three minutes and ten minutes; four subsequent observations showed that on three occasions the emission of black smoke was nil; one and a half minutes was recorded on the fourth observation.

Black smoke was emitted from the chimneys of two factories for periods of fourteen and a half minutes and three minutes respectively. Further observations gave readings well within the bye-law limit.

Sulphur in the Atmosphere:

Two sets of apparatus for estimating the "activity" of sulphur in the air by the "lead peroxide" method are in use. One gauge is placed in the grounds of Kendray Hospital, the other in the grounds of the Mount Vernon Sanatorium.

There are forty-two stations in England, Scotland and Wales returning to the Department of Scientific and Industrial Research the results of measurements of Sulphur Pollution in the atmosphere by the "lead peroxide" method.

The average monthly readings for the twelve months January to December were, at Kendray Hospital 3.91 milligrammes and at Mount Vernon Sanatorium 3.0685 milligrammes per 100 square centimetres. In last year's report (page 59) the average monthly readings for the eleven months February to December were, at Kendray Hospital 2.7234 milligrammes and at Mount Vernon Sanatorium 2.2394 milligrammes per 100 square centimetres. For the corresponding eleven months for this year, the average monthly readings were, at Kendray Hospital 3.466 and at Mount Vernon Sanatorium 2.746 milligrammes per 100 square centimetres. The highest readings were in the months of February and November. In both these months there were a number of days when the weather was foggy.

Your Chief Sanitary Inspector continues to represent you on the Executive Committee of the West Riding of Yorkshire Regional Smoke Abatement Committee, and also on the Department of Scientific and Industrial Research Atmospheric Pollution.

OFFENSIVE TRADES.

All licences for the tripe boilers, gut scrapers and the knackers yard were renewed.

One application for the transfer of tripe boiler's licence, one application to establish the trade of tripe boiler and one application to establish the trade of gut scraper were granted.

Two applications to establish the trade of fish fryer were refused. One application to establish the trade of fish fryer was granted. Fifteen applications for the transfer of licences for fish frying premises due to change of occupancy were granted.

RAT REPRESSION—RATS & MICE (DESTRUCTION) ACT, 1919.

Two hundred and forty-two visits were paid to premises infested with rats and mice. Six premises were freed from rats. Three premises were made rat proof.

One thousand, seven hundred and twenty-nine baits were laid and thirteen rats were caught.

DISINFECTION

Two thousand, four hundred and forty-four articles of clothing or bedding have been disinfected by passing through the steam disinfectant.

The following infected premises have been disinfected by spraying :—

- 1,385 rooms in 525 dwellinghouses.
- 25 hospital wards.

ERADICATION OF BED-BUGS.

Fifteen council houses and twenty-six privately owned houses have been disinfested for the eradication of bed-bugs. Two hundred and forty-nine houses in clearance areas and three individual houses were disinfested prior to demolition.

The methods employed for freeing infested houses from bed-bugs are, where occupied, by spraying with liquid insecticides or fumigation by special blocks. In some instances both spraying and fumigation have been employed.

All houses in clearance areas are disinfested by the Corporation as soon as the houses are vacated. Fumigation by special blocks is the method employed.

The belongings of all tenants removed from clearance areas and individual unfit houses are collected by the Corporation and disinfested. Bedding and clothing is passed through a steam disinfector. Furniture is disinfested by the Sanitary Department who own a van and tractor, and also a disinfection plant. The furniture is treated by Hydrogen-Cyanide gas. After treatment, bedding, clothing and furniture are delivered to the new council house.

The Council exercised the powers conferred upon them by Section 46 of the Public Health Act, 1935 and served written notice upon the occupiers of six dwellinghouses certified by your Chief Sanitary Inspector as being infested with vermin, requiring them to free the premises from vermin.

RAG FLOCK ACTS, 1911 and 1918.

There are no known premises within the Borough where Rag Flock is manufactured, and so far as is known, none where Rag Flock is used or sold.

SHOPS ACT, 1934.

Two hundred and twenty-six inspections were made and particulars recorded, also eighteen re-visits were made in conjunction with the above inspections.

One informal notice was served during the year requesting the provision of a suitable and sufficient sanitary convenience and suitable and sufficient washing facilities to be provided in one shop. Suitable and sufficient washing facilities were provided at one shop without notice.

It is the intention of the Council to deal with the town in areas, and to obtain conformity the whole areas must be first inspected and recorded. This inspection is now taking place. The Council will then lay down a standard with regard to sanitary provisions for all shops.

SWIMMING BATHS AND POOLS.

The Public Swimming Baths are situated in Race Street.

There is also a swimming bath at the Raley Council School. This bath is used by scholars from other Schools in addition to the Scholars attending the Raley School.

At both places the water is treated with chlorine and there is a filtration plant.

The purpose of this investigation was to determine the effect of swimming on the heart rate of the subject. The subject was a male, aged 25 years, and was in good health. The investigation was conducted in a swimming pool. The subject was asked to swim for 15 minutes at a rate of 100 yards per minute. The heart rate was measured before and after the swim. The heart rate was 70 beats per minute before the swim and 120 beats per minute after the swim. This shows that swimming increases the heart rate.

SWIMMING BATHS AND POOLS

The following table shows the results of the investigation. The heart rate was measured before and after the swim. The heart rate was 70 beats per minute before the swim and 120 beats per minute after the swim. This shows that swimming increases the heart rate. The following table shows the results of the investigation.

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Section IV.

HOUSING.

SECTION IV.**HOUSING.**

The number of inspections made of dwellinghouses under the Public Health Acts was three thousand, two hundred and eighty-two.

Five hundred and thirty-two houses were inspected and particulars recorded under the Housing Acts, 1925-1935 and the Housing Consolidated Amendment Regulations, 1932.

Defects were found in two thousand, eight hundred and eighty-four houses inspected under the Public Health Acts.

Five hundred and three houses inspected under the Housing Acts were for inclusion in Clearance Areas.

In connection with twenty-nine individual houses inspected under the Housing Acts, the following action has been taken :—

Demolition Orders were made on two houses known as 6 and 7 Crown Street, Worsbro' Common. The tenants were re-housed and the houses demolished.

In respect of eighteen other houses the sanitary defects and disrepair are so extensive that it is doubtful if these houses can be made fit for human habitation at a reasonable expense. Further action is under consideration.

The owners of the three dwellinghouses known as 21, 23 and 25 Westgate, Barnsley, submitted to the Council a list of proposed works to be executed with a request that the Council would inform them whether, in the opinion of the Council, the houses would, after the execution of those works, be fit for human habitation and would with reasonable care and maintenance, remain so fit for a period of at least five years.

The houses were surveyed and particulars recorded. The survey revealed that additional works to those specified by the owners were necessary. The Council considered the application and informed the owners that they were not of the opinion that the specified and additional works would render the houses fit for human habitation and that they would remain fit for a period of five years.

The owners have carried out the works they specified.

In connection with the remaining six houses surveyed notices have been served on the owners for repairs to be carried out to render the houses fit for human habitation. One house has been made fit for human habitation.

During 1935, the owner of Nos. 29 and 30 Westgate, Monk Bretton, gave an undertaking to demolish one house and make the other house in all respects fit for human habitation (see page 64 of Annual Report for 1935). When the houses were vacated so great was the damage done by unknown irresponsible persons, that the owner was obliged to demolish both buildings in the interests of safety.

Further to the Demolition Orders placed on the dwelling-houses Nos. 35, 36 and 37 Westgate, Monk Bretton, the tenants of Nos. 35 and 36 Westgate were re-housed, but the tenant of No. 37 Westgate is a person aged 96 years. She is bedridden. The risk of moving her to a new house is too great, and re-housing is at present delayed.

During 1935 a Demolition Order was made on the dwelling-house No. 22 Baker Street (see page 64 of Annual Report for 1935). The house has now been demolished.

When Westgate and Shambles Street Clearance Order No. 9 was confirmed by the Minister of Health, two dwellinghouses Nos. 1 and 3 Rich Lane, were excluded from the Order. At the Inquiry the owners offered an undertaking to carry out all repairs necessary to make these dwellinghouses in all respects fit for human habitation. Afterwards the owners were reluctant to carry out the repairs, and it was only after the service of statutory notices and additional pressure that was brought to bear on the owners that the work was commenced. The repairs had not been fully completed at the close of the year.

In the Clearance Areas from which the occupiers of dwelling-houses have been re-housed, the demolition of houses has been as follows :—

New Street (Eastern) Clearance Area No. 1	.....	.....	139 houses demolished
Drakes Yard Clearance Area No. 2	.....	.....	5 „ „

Westgate and Shambles St.					
Clearance Area No. 4	.....		52	houses	demolished.
do. No. 5	.....		1	"	"
do. No. 6	.....		2	"	"
do. No. 9	.....		7	"	"
do. No. 10	.....		10	"	"
do. No. 12	.....		6	"	"
do. No. 14	.....		6	"	"
Days Court, Old Mill, Clear-					
ance Area No. 15	.....		7	"	"
Keel Yard, Stairfoot, Clear-					
ance Area No. 16	.....		12	"	"
Shepherds Farm, Ardsley,					
Clearance Area No. 18	.....		2	"	"

The following houses have been demolished for the reasons stated :—

Bore Spring Cottage, York Street—to clear the site for the erection of the Ritz Cinema.

No. 1 Stocks Lane—to clear the site prior to the erection of a number of new dwellinghouses.

Nos. 174, 176, 178, 180 Old Mill Lane—for the Old Mill Lane road widening.

The owners of the four back-to-back dwellinghouses known as 23 and 25 North Pavement, 32 Racecommon Road and 1 Ct. 4 Racecommon Road converted them into two through houses. The work was done voluntarily.

On the 21st July, 1936, the Ministry of Health held an Inquiry in respect of the Worsborough Common (Compulsory Purchase) Orders Nos. 1 to 7. On the 11th September, 1936, the Minister of Health confirmed Compulsory Purchase Orders Nos. 2,3,5 and 7 in their entirety. No. 1 Compulsory Purchase Order was confirmed subject to the modification that two buildings were transferred from Part 1 (pink) to Part 2 (grey) of the Order. No. 4 Compulsory Purchase Order was confirmed subject to the modification that the premises No. 34 Highstone Road be transferred from Part 1 (pink) to Part 2 (grey) of the Order.

A joint agreement had been arrived at between the Corporation and the owner of No. 24 Highstone Road and No. 2 Dumfries Row, and an application was made to the Minister of Health for the property to be transferred from Compulsory Purchase Order No. 6 to a Clearance Order.

On the 14th December, 1936, the Minister of Health confirmed Compulsory Purchase Order No. 6 subject to the modification that the properties 24 Highstone Road and 2 Dumfries Row be transferred from Compulsory Purchase Order No. 6, and be included in Clearance Order No. 17 and that a payment be made under Section 64 of the Housing Act, 1935 for the dwellinghouse No. 1 Peel Street, Worsborough Common.

The Minister of Health confirmed Clearance Order No. 17 subject to a payment being made under Section 64 of the Housing Act, 1935 for the premises No. 24 Highstone Road.

In order to expedite the inspection of dwellinghouses included in the Five Years' Programme two temporary Sanitary Inspectors were engaged in September. These additions to the staff have enabled good progress to be made and it is anticipated that a number of Clearance Areas will be represented to the Council early in 1937.

OVERCROWDING.

The Housing Act 1935 provides a completely new system for the abolition of overcrowding.

Overcrowding is defined and there are specific provisions for the abatement and prevention of overcrowding.

Definition of Overcrowding : A dwellinghouse is overcrowded (a) where there is not sufficient sleeping accommodation to secure proper sex separation in separate rooms of persons of ten years of age or over of opposite sexes, except persons living together as man and wife, or (b) where the number of persons irrespective of sex who are sleeping in the house is in excess of the permitted number of persons who may sleep in the house at any one time. The accommodation in the house is based on the number of rooms in the house, and also on the floor area of each room.

Obligations are placed on all local authorities to ascertain by 1st April, 1936 the extent of overcrowding in their area and to submit by 1st June, 1936, a report to the Minister of Health of their findings; to prepare a report giving particulars of rehousing proposals to abate overcrowding, and to submit those proposals to the Minister of Health by 1st August, 1936; to supply in writing to the owner or occupier of a dwellinghouse the permitted number of persons who can occupy a dwellinghouse. At a later date the landlord must place in the rent book a summary of the provisions of the Act so far as they affect the occupier and landlord, and also a statement of the permitted number of persons in relation to the house.

The Minister of Health may fix a day after which it will be an offence for the occupier or landlord of a dwellinghouse to permit it to be overcrowded except where all the persons sleeping in the house are persons who were living there on the appointed day or children born after that day, unless suitable alternative accommodation is offered to the occupier and he fails to accept it or suitable alternative accommodation is offered to some person living in the house who is not a member of the occupier's family and whose removal is reasonably practicable and the occupier fails to require his removal.

Survey: To ascertain the extent of overcrowding in the Borough a preliminary survey was made. Sixteen thousand, three hundred and sixty-four houses were visited and particulars obtained and recorded. Eight enumerators were employed. Following the preliminary survey a re-survey was made which included the measurement of the rooms of the houses. The number of overcrowded houses in the Borough after deducting the number of overcrowded houses in areas to be dealt with under the Housing Programme, was found to be 1,106 in which were dwelling 1,171 families.

The above figures are based on the Government Standard in which a living room must be included as accommodation available for sleeping purposes. So far as Barnsley is concerned, very few living rooms are used as sleeping rooms. We therefore adopted a local standard in addition to the Government Standard. The local standard excludes a living room from the accommodation available for sleeping purposes and takes account only of bedrooms for sleeping purposes. The local standard is important because it shows the degree of real overcrowding as it actually exists, also for re-housing purposes, the standard of

accommodation as laid down in the Housing Act, 1930, is based on the number of bedrooms in relation to the number of persons to be re-housed. The survey has revealed that on the local standard, 1,951 families — or 12%—are overcrowded. (These 1,951 families are in addition to the 1,171 families overcrowded on the Government Standard). Of these 1,951 families 1,424 are overcrowded through lack of sufficient bedroom accommodation only, and 527 families are overcrowded through lack of sufficient bedroom accommodation to enable them to provide separate sleeping rooms for the separate sexes of the family other than man and wife.

Proposals for Re-housing.

It is estimated that the number of new houses that will be required to abate overcrowding is 626, made up as follows:—

Four bedrooms.....	433
Five bedrooms	191
Six bedrooms	2
	626

Defects Remedied.

Under the Public Health Acts, defects have been remedied in two thousand, four hundred and ninety five houses.

Twenty-three houses have been rendered fit for human habitation under the Housing Acts.

I am indebted to Mr. Harold Taylor, Borough Engineer, for the following information:—

The number of houses erected during the year was 438, being 253 by private enterprise and 185 by the Corporation.

TABLE 22.
DETAILS OF INSPECTION WORK—
HOUSING ACTS 1925-1935.

Individual Houses:

No. of dwelling-houses inspected and particulars recorded	29
No. of inspections made for the purpose	330
No. of dwelling-houses found to be unfit for human habitation	20
No. of dwelling houses found not in all respects fit for human habitation	10
No. of defects found	764

Clearance Areas:

No. of dwelling-houses inspected and particulars recorded	503
No. of inspections made for the purpose	2,244
No. of other inspections	486
No. of other buildings inspected and particulars recorded	153

TABLE 23.

**IMPROVEMENTS EFFECTED UNDER THE HOUSING
ACTS 1925 TO 1935.**

DWELLING-HOUSES: INTERNAL:

Living Rooms:

New windows provided	2
Old windows repaired	6
Window cords renewed	5
Dampness in walls prevented	1
Plaster of walls repaired	12
Plaster of ceilings repaired	2
Floors repaired	18
Old fireplaces repaired	12
Ovens repaired	6
Doors repaired	7

Sleeping Rooms:

Ventilation improved	19
New windows provided	1
Old windows improved.....	4
Window cords renewed	9
Plaster of walls repaired	9
Plaster of ceilings repaired	12
Old fireplaces repaired	4
Floor repaired	3

Staircases:

Plaster of walls repaired	3
Plaster of ceilings repaired	1
Old steps repaired	1

Sculleries or Washkitchens:

Ventilation improved	2
Old windows repaired	3
Window cords renewed	3
Plaster of walls repaired	4
Plaster of ceilings repaired	3
New sinks provided	8
Coppers repaired	5
Floors repaired	1
Doors repaired	2

Food Stores:

Provided	1
Plaster of ceilings repaired	6
Windows provided	6
Windows repaired	1

Cellars or Basement Rooms:

Light and ventilation improved	3
Plaster of walls repaired	1
Plaster of ceilings repaired	3
Floors repaired	14
Staircases repaired	5
Doors provided	7

EXTERNAL:

Roofs repaired	7
Yards paved	3
Eaves spouts repaired	6
Down spouts provided	2
Down spouts repaired	2
Down spouts disconnected from drains	7
Walls repointed	21
Chimney stacks repointed	15
Steps repaired	8
Guard rails to entrance steps provided	5
New gullies provided	1

GENERAL:

Back-to-back houses converted to through houses	4
---	---

OUTBUILDINGS:

Sanitary Conveniences:

Roofs repaired	.....	.....	.....	.....	.....	.....	.....	5
Eaves spouts provided	.....	.....	.....	.....	.....	.....	.....	1
Eaves spouts repaired	.....	.....	.....	.....	.....	.....	.....	4
Down spouts repaired	.....	.....	.....	.....	.....	.....	.....	1
Down spouts provided	.....	.....	.....	.....	.....	.....	.....	1
Walls repaired	.....	.....	.....	.....	.....	.....	.....	5
Walls repointed	.....	.....	.....	.....	.....	.....	.....	5
Doors repaired	.....	.....	.....	.....	.....	.....	.....	2
Ceilings repaired	.....	.....	.....	.....	.....	.....	.....	2
Chains to flushing cisterns provided	.....	.....	.....	.....	.....	.....	.....	2
New waterclosets provided	.....	.....	.....	.....	.....	.....	.....	9

Ashbin Shelters and Ashpits:

Ashpits abolished	.....	.....	.....	.....	.....	.....	.....	1
Bins provided in lieu of dry ashpit	.....	.....	.....	.....	.....	.....	.....	7
Total number of defects remedied	.....	.....	.....	.....	.....	.....	.....	339
Total number of houses for which above work was done	.....	.....	.....	.....	.....	.....	.....	23

TABLE 24.

HOUSING RETURN—(Ministry of Health) 1936.

1.—Inspection of dwelling-houses during the year:

- (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 3,814
- (b) Number of inspections made for the purpose 11,645
- (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 532
- (b) Number of inspections made for the purpose 2,574
- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 20
- (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 10

2.—Remedy of defects during the year without service of formal notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 1,971

3.—Action under Statutory Powers during the year:

(a) Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930:—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs 2

(2) Number of dwelling-houses which were rendered fit after service of formal notices—

(a) By owners 3

(b) By local authority in default of owners Nil

(b) Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 156

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—

(a) By owners 420

(b) By local authority in default of owners Nil

(c) Proceedings under Sections 19 and 21 of the Housing Act, 1930:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made 2

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 5

(d) Proceedings under Section 20 of the Housing Act, 1930:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil

4.—Housing Act, 1935—Overcrowding.

(a) (i)	Number of dwellings overcrowded at the end of the year	.....	.....	.....	.....	.....	1,106
(ii)	Number of families dwelling therein	.....	.....	.....	.....	.....	1,117
(iii)	Number of persons dwelling therein	.....	.....	.....	.....	.....	7,310
(b)	Number of new cases of overcrowding reported during the year	.....	.....	.....	.....	.....	Nil
(c) (i)	Number of cases of overcrowding relieved during the year	.....	.....	.....	.....	.....	1
(ii)	Number of persons concerned in such cases	.....	.....	.....	.....	.....	6
(d)	Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	.....	.....	.....	.....	.....	Nil
(e)	Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	.....	.....	.....	.....	.....	Nil

SECTION V.

INSPECTION AND SUPERVISION
OF FOOD.

SECTION V.**INSPECTION AND SUPERVISION OF FOOD.****ICE-CREAM.**

The production and sale of Ice-cream continues to be controlled by Section 13 of the Barnsley Corporation Act, 1914.

Ninety-three visits of inspection were made to premises where Ice-cream is manufactured. In eight instances the premises were cleansed and in two the sanitary condition was improved. Six premises ceased to be used for the manufacture of Ice-cream.

MILK SUPPLY.

During the year one hundred and seventy-five visits of inspection were made to dairies and cowsheds.

Eight applications were received for registration as retail purveyors of milk, all of which were granted. One new dairy was registered.

During the year a new Order with regard to Designated Milk has been issued entitled "The Milk (Special Designations) Order, 1936." This Order revoked the Order of 1923. The new Order came into operation on the 1st June, 1936, and one of its main provisions was the alteration in the designations. Certified has been replaced by Tuberculin Tested; Grade 'A' (Tuberculin Tested) has been abolished and Accredited take the place of Grade 'A'; Pasteurised is still retained. The method of examination of samples has also been altered, but does not come into operation until January, 1937.

Bacteriological Examinations.

Six samples of Pasteurised Milk were examined; all were found to be satisfactory.

Nineteen samples of Grade 'A' or Accredited Milk were examined, fifteen being satisfactory while four were not satisfactory. Of the unsatisfactory samples one exceeded the permissible maximum bacterial content and also contained Bacillus Coli in 1/100th of a cubic centimetre; in one case, while B. Coli was absent in 1/100th of a cubic centimetre the total bacterial content exceeded the maximum, while in the two remaining cases B. Coli was present in 1/100th of a cubic

centimetre although the total bacterial content was well below the maximum allowed. The one sample of ordinary milk examined was reported to be unsatisfactory as it contained the *Bacillus Coli* in 1/100th. of a cubic centimetre although the total bacterial content was low. In every instance the producer was interviewed and advised as to how to maintain the standard of cleanliness as laid down in the Milk (Special Designations) Orders.

Examination for the presence of *Bacillus Tuberculosis* :

Twelve samples of Pasteurised Milk were examined, eleven giving a negative result and one a positive result. The positive sample was obtained when a series of test samples were submitted for examination following extensive alterations to the pasteurising plant. An investigation revealed that a thermometer on the plant was not showing accurate temperatures, with the result that the temperature necessary for the destruction of tubercle bacilli was not attained. This defective thermometer was taken out and replaced by a guaranteed accurate instrument. Since that time no further cause for complaint has arisen.

Forty-one samples of Grade 'A' (Accredited) Milk were examined ; thirty-eight gave a negative result and three were positive.

One hundred and nine samples of Ordinary Milk were examined, one hundred and two being negative and seven giving a positive result.

Two of the positive samples of Grade 'A' Milk were from the mixed milk of a herd. Following up samples from the individual cows forming the herd were taken. All the samples from one series were reported as negative. In the second series one sample was positive, the remainder negative. The cow giving the tubercular milk was slaughtered.

Four of the seven positive samples of ordinary milk were from mixed herds. Following up samples from individual cows were taken. In two series all the samples were certified as negative ; in the other two series, one cow in each of two herds were reported as positive ; the milk from each of the remaining cows was negative. The remaining positive sample was from one cow. The three cows giving tubercular milk were slaugh-

tered. One animal had been removed out of the Borough. It was traced and was dealt with by the Veterinary Department of The West Riding County Council.

The case referred to in last year's Annual Report where investigations were not completed was settled by the slaughter of the affected animal post-mortem examination revealing that the animal was affected with generalised tuberculosis.

Phosphatase Test.

The official use of this Test was instituted during the year in conjunction with the issue of The Milk (Special Designations) Order, 1936. The test is designed to enable a decision to be made as to whether or not pasteurised milk has, in fact, been properly pasteurised, and is dependent upon the presence or absence of the enzyme phosphatase which is destroyed by pasteurisation as laid down in the Milk (Special Designations) Order, viz., holding the milk for not less than half-an-hour at a temperature between 145 degrees and 150 degrees Fah.

During the year, eleven samples of Pasteurised Milk were submitted to the test, ten being negative and one positive. The positive sample was obtained at the time a thermometer was giving inaccurate readings. This has been previously mentioned under the heading of "Examination for the presence Bacillus Tuberculosis."

MILK (SPECIAL DESIGNATIONS) ORDER, 1923 and 1936.

Reference has already been made to the alterations which have occurred during the year in connection with milk sold under a special designation.

At the end of 1936 the following licences were in force :—

- One principal licence to pasteurise milk.
- Two producers' licences for accredited milk.
- One supplementary licence for accredited milk.
- One supplementary licence for tuberculin-tested milk, and
- One dealer's licence to sell tuberculin-tested milk.

TUBERCULOSIS ORDER, 1925.

During the year twelve animals were slaughtered under the provisions of the Order. Three of the animals were giving tuberculous milk and the remaining nine were slaughtered on account of the clinical symptoms of tuberculosis which they presented. The amount of compensation paid to the owners of the slaughtered animals was £56 12s. 6d. (fifty-six pounds, twelve shillings and sixpence).

FOOD INSPECTIONS.

MEAT.

During 1936, two thousand seven hundred and fifty-one visits of inspection were paid to private slaughterhouses.

The number of slaughterhouses on the register is twelve, the same number as last year.

An inspector is on constant duty during the time slaughtering is taking place at the abattoir.

During the year the quantity of fresh meat condemned amounted to 108,621½-lbs. or 48 tons 9 cwts. 3 qrs. 9½-lbs, an increase over the amount condemned during 1935 of 32,522-lbs. or 14 tons, 10 cwts. 1 qr. 14-lbs. This increase is largely due to the greater number of cow carcasses found to be extensively affected with tuberculosis, and to an increase in the number of organs condemned.

The condemnation of imported meat shows an increase of 1112-lbs. over the amount condemned during 1935.

Of the other items enumerated in Table 28, fish shows a decrease of one thousand, three hundred and seven pounds, rabbits an increase of seven hundred and sixty-six pounds, fruit and vegetables an increase of one hundred and eighty-five pounds, preserved foods an increase of two hundred and ninety-three and one quarter pounds, and other foods a decrease of three thousand and thirty three and one-quarter pounds.

The total quantity of food condemned during 1936 shows an increase over 1935 of thirty thousand, five hundred and thirty-eight pounds or 13 tons, 12 cwts. 2 qrs. 18-lbs.

Slaughter of Animals Act, 1933.

During 1936 six licences were issued to slaughtermen under the Slaughter of Animals Act, 1933.

Prosecutions were instituted against a butcher for aiding and abetting, and against his assistant for the actual committing of offences under the Public Health (Meat) Regulations and the Slaughter of Animals Act. The charges under the Public Health (Meat) Regulations related to failure to give the required notice of the intended slaughter of two sheep, and were dismissed owing to a conflict of evidence. Under the Slaughter of Animals Act the charges were, the slaughter of two sheep

without the use of a mechanically operated instrument and the slaughter of two sheep without being in possession of a slaughterman's licence, four charges being preferred against each defendant. The butcher was fined £1 on each charge and his assistant 10s. on each charge, inclusive of costs in both instances.

Other Prosecutions.

One seizure of diseased meat was made in a slaughterhouse during the latter part of the year. The subsequent court proceedings were heard at the beginning of 1937, together with charges relating to other offences committed in 1937. There were four charges in connection with the first offence :—

- (1) being in possession of meat deposited for the purpose of preparation for sale and intended for the food of man, the same being diseased and unfit for the food of man.—(Public Health Act, 1875).
- (2) failure to give notice of the presence of a disease in a carcase slaughtered for sale for human consumption—(Public Health Meat Regulations, 1924).
- (3) removal from the place of slaughter of the carcase and organs of an animal slaughtered for sale for human consumption without being authorised by an Inspector of the Local Authority—(Public Health Meat Regulations, 1924).
- (4) Obstructing an Inspector in the course of his duties.—(Public Health Meat Regulations, 1924).

The defendant was fined £20 and costs on each of charges 1, 2 and 3 and £2 on charge 4, a total of £146.

TABLE 25.

Carcases with all Organs condemned as totally Unfit
for Human Consumption.

	Tuber- culosis.	Accident	Inflmty. Diseases.	Parasitic Diseases	Other Bacterial Diseases.
Cows	45	-	1*	-	4†
Heifers	2	-	-	-	-
Bullocks	1	-	-	-	-
Bulls	-	-	1/	-	-
Calves	1	2x	1‡	-	1z
Sheep	-	1§	-	3	-
Pigs	8	2y	1o	-	31a

* Septic Peritonitis, tuberculosis and dropsy.

† One septic peritonitis, one septic metritis, one Johne's Disease and dropsy, one found dead—post mortem revealed extensive gangrene.

/ Pericarditis and dropsy.

x One ruptured kidney, one moribund.

‡ Acute lobar pneumonia.

z Umbilical pyemia.

§ Moribund.

y Moribund.

o Rickets and Malnutrition.

a Twenty-two swine fever, two swine erysipelas, two fevered, one pneumonia, rickets and malnutrition, one pyemia, one septic pericarditis, one extensive gangrene, one septic mammitis.

TABLE 26.
 Carcasses partially condemned as Unfit
 for Human Consumption.

	Tuber- culosis.	Accident	Inflmty. Diseases.	Parasitic Diseases	Other Bacterial Diseases.
Cows	27	-	2	-	-
Heifers	3	-	-	-	-
Bullocks	3	-	-	-	-

TABLE 27.

Various Organs condemned as Unfit for Human Consumption.

	Heads	Tongues	Lungs	Livers	Stomachs	Kidneys	Hearts	Spleens	Udders	Mesenteries	Intestines	Uterii	Feet
TUBERCULOSIS--													
Cows ...	231	225	850	136	31	53	16	30	13	141	119	12	-
Heifers ...	13	13	54	6	1	4	1	1	-	6	6	-	-
Bullocks ...	20	18	52	12	2	2	3	2	-	7	7	-	-
Bulls ...	18	18	33	3	-	-	1	-	-	7	7	-	-
Calves ...	2	2	13	8	-	-	6	2	-	2	2	-	-
Pigs ...	521	521	338	242	182	3	196	61	-	249	226	-	-
INFLAMMATORY													
DISEASES—													
Cows ...	-	-	15	32	-	66	-	1	151	-	-	-	-
Heifers ...	-	-	4	-	-	14	1	-	-	-	-	-	-
Bullocks ...	-	-	8	-	-	9	2	-	-	-	-	-	-
Bulls ...	-	-	3	-	-	-	-	-	-	-	-	-	-
Calves ...	-	-	2	-	-	-	-	-	-	-	-	-	-
Sheep ...	-	-	1	-	-	-	1	-	-	-	-	-	-
Pigs ...	-	-	200	43	8	22	76	6	-	8	10	-	-
PARASITIC													
DISEASES—													
Cows ...	-	-	41	25	-	-	-	-	-	-	2	-	-
Heifers ...	-	-	2	4	-	-	-	-	-	-	-	-	-
Bullocks ...	-	-	13	13	-	-	-	-	-	-	-	-	-
Bulls ...	-	-	1	-	-	-	-	-	-	-	-	-	-
Sheep ...	-	-	1	99	-	-	-	-	-	-	-	-	-
Pigs ...	-	-	12	13	-	-	8	-	-	-	-	-	-
OTHER BACTERIAL													
DISEASES—													
Cows ...	10	8	22	32	-	2	1	-	-	11	11	4	-
Heifers ...	1	3	2	6	-	-	-	-	-	-	-	-	-
Bullocks ...	3	5	4	15	-	-	-	-	-	-	-	-	-
Bulls ...	2	2	1	1	-	-	-	-	-	-	1	-	-
Sheep ...	1	1	3	4	-	-	-	-	-	-	-	-	-
Pigs ...	1	1	2	9	3	2	1	5	-	3	3	-	1

IMPORTED MEAT.

During 1936 one thousand, three hundred and fifty-seven pounds of Imported Meat were condemned as unfit for food.

FISH.

The five hundred and twenty-seven pounds of fish condemned during the year consist of the following ; twenty-eight pounds of mackerel, one hundred and five pounds of cured fillets, eighty-four pounds of haddock, two hundred and seventy-six pounds of plaice, six pounds of dabs, twenty-four pounds of cod and four pounds of herrings.

RABBITS AND POULTRY.

Four hundred and eighty rabbits, weighing one thousand and two pounds, were condemned.

There has been no condemnation of poultry during the year.

FRUIT AND VEGETABLES.

One hundred and eight pounds of raspberries and seventy seven pounds of pears have been condemned.

PRESERVED FOODS.

The following is a list of the preserved foods condemned during the year :—

Meat	.....	40	tins weighing	121½	pounds
Fruit and Vegetables	.....	115	„ „	105	„
Fish	.....	599	„ „	285¼	„
Milk	.....	71	„ „	34¼	„
Soup	.....	25	„ „	4	„
Jam	.....	33	„ „	33	„
Cocoa	.....	17	„ „	28½	„

900 tins weighing 611½ pounds

OTHER FOODS.

The other foods condemned consist of the two following items :—

Six pounds of Sausage.

Ninety-one pounds of Bacon.

TABLE 28.

SUMMARY OF FOOD DESTROYED DURING 1936.

	lbs.
English Meat from Slaughterhouses	107,859½
English Meat from Cold Stores and Shops	762
Imported Meat	1357
Fish	527
Rabbits	1002
Fruit and Vegetables	185
Preserved Foods	611½
Other Foods	97
	112,401

50 tons, 3 cwts. 2 qrs. 9 lbs.

TABLE 29.

ADULTERATION.

There have been two hundred and seventeen samples taken during the year for the purposes of the Food and Drugs (Adulteration) Act, 1928.

The following Tables gives the details :—

SAMPLES OF MILK AND CREAM SENT TO THE BOROUGH ANALYST FOR EXAMINATION, 1936.

Article.	Genuine.	Adulterated.	Total.	Taken Formally.		Taken Informally.	
				Gen.	Adultrd	Gen.	Adultrd
Milk ...	65	3	68	65	3	...	...
Cream ...	7	...	7	...	...	7	...
TOTALS...	72	3	75	65	3	7	...
				68		7	

The standard laid down in the Scale of Milk Regulations, 1901 for milk (other than skimmed, separated or condensed milk) is Milk-fat 3.0 per cent., Solids-not-fat 8.5 per cent.

The average composition of the 68 samples of milk taken during the year, is :—

Milk-fat	.....	.....	.....	3.83	per cent.
Solids-not-fat	.....	.....	.....	8.90	per cent.
				<hr/>	
Total solids	.....	.....	.....	12.73	per cent.
				<hr/>	

The average composition of the 65 genuine samples of milk is :—

Milk-fat	.....	.....	.....	3.83	per cent.
Solids-not-fat	.....	.....	.....	8.92	per cent.
				<hr/>	
Total solids	.....	.....	.....	12.75	per cent.
				<hr/>	

TABLE 30.

SAMPLES OF FOOD (OTHER THAN MILK & CREAM)
AND DRUGS SENT TO THE ANALYST DURING 1936

ARTICLE.	Gen- uine	Adul- ter- ated	Total	T'ken formally		T'k'n infrmly	
				Gen- uine	Adul- t'rated	Gen- uine	Adul- t'rat'd
Glacé Cherries ...		2	2		1		1
Figs ...	1		1			1	
Apricots ...	1		1			1	
Prunes ...	1		1			1	
Sultanas ...	1		1			1	
Candied Peel ...	2		2			2	
Nutmegs ...	1		1			1	
Tea ...	6		6			6	
Malted Milk Cocoa ...	1		1			1	
Coffee ...	5		5			5	
Coffee and Chicory Essence...	2		2			2	
Orange Wine ...	1		1			1	
Custard Powder ...	1		1			1	
Lemon Cheese ...	1		1			1	
Orange Marmalade ...	2		2			2	
Margarine ...	12		12			12	
Butter ...	11		11			11	
Lard ...	5		5			5	
Cheese ...	3		3			3	
Flour ...	1		1			1	
Self-raising Flour ...	2		2			2	
Raspberry Jam ...	1		1			1	
Strawberry Jam ...	3		3			3	
Jellies ...	2		2			2	
Cornflour ...	1		1			1	
Mincemeat ...	1		1			1	
Demerara Sugar ...	1		1			1	
Syrup ...	1		1			1	
Bread ...	1		1			1	
Mustard ...	1		1			1	
Beans ...	2		2			2	
Peas ...	5		5			5	
Mint Sauce ...	1		1			1	
Mint ...	1		1			1	
Thyme ...	1		1			1	
Parsley ...	1		1			1	
Pickles ...	1		1			1	

TABLE 30 (continued)—

ARTICLE.	Gen- uine	Adul- ter- ated	Total	T'ken formally		T'k'n infrmly	
				Gen- uine	Adul- t'rated	Gen- uine	Adul- t'rat'd
Condensed Milk ...	4		4			4	
Mixed Spice ...	2		2			2	
Black Currant and Glycerine Sweets ...	1		1			1	
Iodine and Black Currant Sweets ...	1		1			1	
Lemon, Honey and Glycerine Sweets ...	1		1			1	
Menthol and Eucalyptus Sweets ...	1		1			1	
Glycerine and Thymol Sweets	1		1			1	
Dried Milk ...	2		2			2	
Potted Beef Paste ...	2		2			2	
Salmon Paste ...	1		1			1	
Prawn Paste ...	1		1			1	
Crab Paste ...	1		1			1	
Lobster Paste ...	1		1			1	
Potted Meat ...	1		1			1	
Pork Sausage ...	6		6			6	
Polony ...	2		2			2	
Tinned Tomatoes ...	1		1			1	
Tomato Catsup .. Sauce ...	1		1			1	
Glycerine ...	1		1			1	
Olive Oil ...	1		1			1	
Citrate of Magnesia ...	1		1			1	
Sweet Spirit of Nitre ...	1		1			1	
Borax ...	1		1			1	
Calcined Magnesia ...	1	1	2	1			1
Cocoanut ...	2		2			2	
Pepper ...	3		3			3	
Vinegar ...	4	2	6	2	1	2	1
Ground Ginger ...	1		1			1	
Ground Almond Substitute ..	1		1			1	
Totals ...	132	5	137	3	2	129	3

TABLE 31.
PARTICULARS OF ADULTERATION.

No. of Sample	Article	Adulteration or Offence	Fines	Remarks
1855	Glacé Cherries	Excessive amount of Sulphur Dioxide ...	...	Informal Sample
1867	„	Do.	...	Warned by Letter
1929	Calcined Magnesia	Excessive loss of Magnesium Oxide on ignition .. ..	...	Informal Sample
1958	New Milk	Slightly deficient in Milk-Fat ... ..	...	Warned by Letter
1961	„	Do.	...	Warned by Letter
1982	„	Slightly deficient in Solids-not-Fat ...	...	..
2004	Vinegar	Deficient in Acetic Acid to the extent of 28%...	...	Informal Sample
2014	„	Deficient in Acetic Acid to the extent of 27%	Fined 40/-d. including costs	...

**PUBLIC HEALTH (CONDENSED MILK) REGULATIONS,
1923 and 1927.**

Four samples of Condensed Milk were submitted to the Public Analyst during the year, all of which conformed to the Regulations.

**PUBLIC HEALTH (DRIED MILK) REGULATIONS,
1923 and 1927.**

During the year two samples of Dried Milk were submitted to the Public Analyst, and in both cases were found to fulfil the requirements of the Regulations.

**PUBLIC HEALTH (PRESERVATIVES IN FOOD)
REGULATIONS, 1925 and 1927.**

Two samples of Glacé Cherries, both obtained from the same source were found to contain an excessive amount of Sulphur Dioxide, namely 130 parts per million, whereas the permissible limit allowed by the Regulations is 100 parts per million. The retailer was written to and he replied disclaiming responsibility as he had purchased the cherries under a guarantee from a large wholesale firm. This firm was written to, and they immediately traced and withdrew from sale all the cherries in the particular batch from which the samples complained of had been taken, and they undertook to take even more stringent measures than they practised at that time to prevent a recurrence of this contravention of the Regulations.

ARTIFICIAL CREAM ACT, 1929.

There have been no applications under this Act during the year.

**CHEMICAL AND BACTERIOLOGICAL
EXAMINATION OF FOOD.**

Mr. John Evans of Sheffield continues to act as Public Analyst, and bacteriological examinations continue to be carried out in the laboratories of the West Riding County Council at Wakefield.

**AGRICULTURAL PRODUCE (GRADING and MARKING)
ACT, 1928, and MERCHANDISE MARKS ACT, 1926.**

There are no contraventions to report under these Acts.

Section VI.

PUBLIC CLEANSING.

SECTION VI.**PUBLIC CLEANSING,**

There has been no extension or alteration in the arrangements for Public Cleansing.

The subject is fully dealt with in a separate report.

Section VII.

**MATERNITY AND
CHILD WELFARE.**

SECTION VII

PUBLIC HEALTH SERVICES COMMITTEE.

Chairman—Alderman E. Sheerien, J.P.

Vice-Chairman—Alderman J. Walton.

His Worship the Mayor—Alderman J. Jones, J.P., C.B.E.

Alderman D. Allott.	Alderman T. Lang, J.P.
„ S. Trueman.	„ A. Wright.
Mrs. Councillor M. Dennis,	Mrs. Councillor L. J. Soper.
Councillor A. Allen.	Councillor H. Burgin.
„ G. Mason, J.P.	„ J. T. Mitchell.
„ H. Potter.	„ J. G. E. Rideal.
Mrs. Allum.	Mrs. Henry.
„ Holderness.	„ Mills.
„ Rideal.	„ Ruckledge.
Mr. G. A. Rawlings.	Mr. G. Winterbottom.

MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Chairman—Alderman E. Sheerien, J.P,

Vice-Chairman—Alderman J. Walton.

His Worship The Mayor—Alderman J. Jones, J.P., C.B.E.

Alderman D. Allott.	Alderman T. Lang, J.P.
„ S. Trueman.	Mrs. Councillor Dennis.
Mrs. Councillor Soper.	Mrs. Henry.
Mrs. Holderness.	Mrs. Mills.
Mrs. Rideal.	Mrs. Ruckledge.
Mr. G. A. Rawlings.	

TABLE 32.

COUNTY BOROUGH OF BARNESLEY.

MATERNITY AND CHILD WELFARE.

1. Population of the area served by the Council 71,200
---	--------------

- (d) Total number of children who attended at the Centres for the first time during the year and who, on the date of their first attendance, were:—
- | | | | | | |
|--|-------|-------|-------|-------|-----|
| (i) under 1 year of age | ..... | ..... | ..... | ..... | 948 |
| (ii) between the ages of 1 and 5 years | ..... | ..... | ..... | ..... | 163 |
- (e) Total number of children under 5 years of age who attended at the Centres during the year and who, at the end of the year, were:—
- | | | | | | |
|-------------------------|-------|-------|-------|-------|-------|
| (i) under 1 year of age | ..... | ..... | ..... | ..... | 928 |
| (ii) over 1 year of age | ..... | ..... | ..... | ..... | 1,581 |
- (f) Percentage of notified live births represented by the number in (d) (i) 75.72

5. Ante-natal and Post-natal Services.

Ante-natal	Post-natal
------------	------------

- (a) Ante-natal and Post-natal Clinics (whether held at Infant Welfare Centres or at other premises)—
- | | | | | | | |
|--|-------|-------|-------|-------|-------|-----|
| (i) Number of Clinics provided and maintained by the Council | ..... | ..... | ..... | ..... | 3 | 1 |
| (ii) Number of Clinics provided and maintained by Voluntary Associations | ..... | ..... | ..... | ..... | Nil | Nil |
| (iii) Total number of attendances at all Clinics during the year | ..... | ..... | ..... | ..... | 2,518 | 153 |
| (iv) Total number of women who attended at the Clinics during the year | ..... | ..... | ..... | ..... | 619 | 149 |
- (b) Total number of expectant mothers ante-natally examined and of cases post-natally examined during the year, under arrangements made by the Council with private medical practitioners, excluding cases included under 5 (a) (iv) Nil Nil
- (c) Percentage of total notified births (live and still) represented by the total numbers of women shown under 5 (a) (iv) and 5 (b) 46.64 11.22

Infant Welfare

Infant Welfare sessions were increased in the central Medical Services Clinic from three to five per week during 1935. The average number of attendances at the Centres is still on the high side—79 per session—and though a definite attempt was made during the year to keep the numbers seeing the doctor at each session down to a reasonable figure, the average number of patients seen by the doctor during 1936 was 39 per session.

It is not advisable for a doctor to see more than twenty-five infants per session as with larger numbers the time allotted to each patient becomes too short for really efficient work and the medical inspection tends to degenerate into a march past with the signing of certificates for the supply of foods free or at reduced prices becoming a dominating aspect of the doctor's work.

The main function of a doctor at an Infant Welfare Centre is to give advice and instruction and this cannot be done unless a reasonable time can be given to each case.

Special toddlers' Clinics have not been instituted but mothers are encouraged to bring the toddlers along with the infants; it is felt that in Barnsley, where families of reasonable size are still quite prevalent, special toddlers' clinics would imply double visits from many mothers who are already bringing infants.

Ante-Natal and Post-Natal Services.

There are two sessions for expectant mothers at the Central Clinic, one at Lundwood, a half session at Ardsley and a half session at the Municipal Maternity Home each week.

A Post-natal Clinic was begun early in 1936 and Dr. Potter took over the appointment of Consultant for Ante-natal and Post-natal Clinics in November, 1936.

An innovation during 1936 was the regular attendance of a Medical Officer for one half session at the weekly Ante-natal Clinic at the Municipal Maternity Home where 153 cases were seen during 1936. This raises the attendance at the Ante-natal Clinics during 1936 to 58 per cent. of the total births.

Supply of Milk and Food.

See Table 37, page 118.

Health Visiting.

The general consensus of opinion is that there is great advantage in having dual appointments of Health Visitors and School Nurses and in Barnsley there are eight such dual appointments and two whole-time School Nurses; the latter two Officers came into the service of the Corporation some years ago before the present system of dual appointment was instituted.

There is a definite weakness in the dual appointment system which requires careful control in Barnsley; school medical inspections and welfare clinics have to be provided with staff and if, for any reason, there is a shortage of staff from illness or other causes nurses tend to be taken away from their home visiting to keep the school inspection and clinic staff up to full standard. Most Medical Officers regard home visiting by the Health Visitors as a main factor in efficient preventive medicine and it is most regrettable that in Barnsley during 1936 home visiting suffered unduly during periods of shortage of staff from illness.

Dried foods and pasteurised milk continue to be provided free or at reduced rates to expectant and nursing mothers and from April, 1936 the age up to which children are provided with such foods and milks in necessitous cases was raised from eighteen months to two years. Dried foods and supplements, such as Virol and Cod Liver Oil and Malt are also sold at cost price at the Infant Welfare Centres, and a limited amount is issued free.

It is most disappointing that 1936 has passed without provision being made for the children of under school age having made available for them a supply of milk at 1½d. per pint, as is done for school children.

Maternity Homes and Hospitals.

No change was made during 1936 but plans have been prepared by the Borough Engineer for a twenty bed Maternity Block which is to be erected at the St. Helen Hospital to take the place of the seven bed Pindar Oaks Municipal Maternity Home.

Municipal Maternity Home.

During the latter part of 1936, a Minnett Gas Apparatus was provided so that the mothers may have the benefit of gas anæsthesia during labour.

205 cases were admitted to the Home during the year.

The average duration of stay was two weeks.

153 were delivered by midwives and 49 by doctors, and 3 cases, who were admitted for ante-natal care only, were confined at their own home.

There were no maternal deaths.

There were 10 stillbirths, and 4 children died within ten days :—

Age.	Cause of Death.
7 days	Congenital Deformity of Heart, Cleft Palate, Club Foot.
1 day	Atelectasis.
20 minutes	Asphyxia Pallida (extended breach) .
2 days	Prematurity.

MIDWIVES ACT, 1936.

Proposals of Barnsley Corporation for a Domiciliary Midwifery Service.

The annual number of births in Barnsley is approximately 1,250. It is estimated that the new Maternity Home of 20 beds will deal with approximately 460 cases per annum, and the Private Nursing Home with approximately 40. This leaves approximately 750 cases per annum which will require domiciliary midwives or maternity nurses.

It is proposed to commence the Municipal Domiciliary Midwifery service in Barnsley with a staff of nine whole-time Midwives ; this allows eight to deal with approximately 640 cases per annum, and one extra to allow for annual and sick leave and for emergencies. This will leave approximately 110 domiciliary midwifery cases to be dealt with at home by private midwives and resident monthly maternity nurses. Assuming that it will be about two years before the new Maternity Home is ready for use, and that the present Home can deal with only about 200 cases per annum, there will be another 250 cases to be dealt with by the private midwives. It is anticipated that these 250 cases will be dealt with by private midwives who will eventually decide to surrender their certificates and obtain compensation under the Act, and who will require some time to make up their minds to do so.

The duties of the members of the Municipal Domiciliary Midwifery Service in Barnsley are to be limited to midwifery and are not to include health visiting or school visiting.

The nine Municipal Midwives are to be stationed throughout the district in such a way as to allow a choice of midwife to the women who avail themselves of the new service.

Municipal Hospital.

34 maternity cases were admitted to the Municipal Hospital during the year.

The average duration of stay was 32 days. 26 were delivered by midwives and 8 by doctors. There were no maternal deaths; a large proportion were admitted because of serious complications. There were 6 stillborn children.

Homes and Hospitals for Sick and Ailing Children under 5 years of Age.

No Special Hospital for children exists in the Borough.

The Municipal Hospital has available 11 beds for the treatment of sick children, and the Beckett Hospital has 32 children's beds. The Council, in addition, provides institutional orthopædic treatment at the Yorkshire Children's Orthopædic Hospital, Kirbymoorside, in which 5 Barnsley children under five years were treated in 1936.

Convalescent Homes.

The Education Committee intends to provide a Summer Convalescent Home with accommodation for twenty children at the Scout Dyke Camp. The nurse in charge of this Convalescent Home could take over the general nursing duties which require the whole-time presence but not the whole-time work of a nurse in association with the existing Camp.

Homes for Mothers and Babies.

52 mothers and their babies were sent for two weeks by the Barnsley County Borough Council to the Convalescent Homes for Mothers and Babies at Harrogate and Withernsea with great benefit in each case.

Day Nurseries.

Nil.

Infectious Diseases.

Disease.	Number of cases notified during the year.	Number of cases visited by officers of the Council.	Number of cases for whom home nursing was provided by the Council.	Number of cases removed to hospitals.
(1) Ophthalmia Neonatorum	19	19	Nil	5
(2) Pemphigus Neonatorum	...	Nil	Nil	Nil
(3) Puerperal Fever	8	Nil	Nil	8
(4) Puerperal Pyrexia	6	Nil	Nil	3
(5) Measles and German Measles (in children under 5 years of age)	Not Notifiable	75	Nil	Nil
(6) Whooping Cough (do.)	do.	64	Nil	Nil
(7) Epidemic Diarrhœa (do.)	do.	20	Nil	Nil
(8) Poliomyelitis (do.)	2	Nil	Nil	1

TABLE 32

OPHTHALMIA NEONATORUM.—19 Cases Notified.

Information is given below as to the number of cases of Ophthalmia Neonatorum notified during the year in which:—

(a) vision was unimpaired	.....	.....	15
(b) vision was impaired	.....	.....	—
(c) vision was lost	.....	.....	1
(d) the patient was still under treatment at end of year	.....	.....	2
(e) the patient died	.....	.....	—
(f) the patient removed from the district			1
			<hr/>
	Total	.....	19
			<hr/>

The record of the Barnsley County Borough for damage done by Ophthalmia Neonatorum during 1935 and 1936 is extremely serious. It is to be borne in mind that in 1935 the number of cases of total blindness from ophthalmia neonatorum in the whole of England was four and of these two were supplied by Barnsley, which, in 1936, also supplied one case of serious impairment to vision. For many years no such tragedies have occurred in Barnsley mainly owing to the vigilance and unremitting care of the Health Visitors in personally securing home treatment as adequate as home treatment can be. It must be recognised, however, that many cases of Ophthalmia Neonatorum require treatment of the eyes at such short intervals that they ought to be admitted to hospital in the earliest stages of the illness. Any system which depends upon home treatment of most cases of Ophthalmia Neonatorum may go on successfully for some time, but is bound to break down in the end. It is imperative that in the development of the St. Helen Hospital adequate provision for the hospital treatment of Ophthalmia Neonatorum under the supervision of a Visiting Consultant Eye Specialist should be made. Not until after such provision has been made, and after all doctors and midwives in the district realise that a true case of Ophthalmia Neonatorum requires specialised hospital treatment from the beginning of the illness, will Barnsley be free from the risks of such blots on its public health record as the three cases of blindness from Ophthalmia Neonatorum which occurred in it during 1935 and 1936.

Home Nursing.

The Barnsley and District Nursing Association employs 3 District Nurses who, in addition to their other work, pay visits to sick children under five years and undertake maternity nursing. 42 such cases were attended during the year.

On the 1st August, 1935, a Nurse was appointed by the Public Health Services Committee of the Council for general nursing of expectant and nursing mothers, and children under 14 years of age in their homes. Her services are available for such cases at the request of any of the doctors in the town.

Consultants.

As in previous years, two Consultant Obstetricians have been available for private practitioners under the Council's maternity arrangements. Four such consultations took place in 1936.

Home Helps.

Nil.

Midwives.

In addition to the midwives engaged as Nurses at the Beckett Hospital, here were at the end of the year 39 Midwives practising in the County Borough area of whom five were engaged in whole-time indoor practice at the Municipal Maternity Home and three in indoor practice at the St. Helen Municipal General Hospital, Gawber Road.

Arrangements were completed early in 1936 for paying compensation to Midwives for cases booked by them but referred by the Medical Officers of the Ante-natal Clinics to an Institution for confinement because of some complication.

Arrangements were also made whereby the Council may, in necessitous cases, pay £1 of the Midwife's fee to her direct, the balance to be paid by the patient. The income scale is that already in use by the Council for the assessment of medical aid fees. The scheme came into operation during 1936.

Two Midwives were suspended temporarily during the year on account of infection.

The following Tables 33 to 35 give some idea of the amount of work undertaken by the various Midwives.

TABLE 33.

1 Trained Midwife attended	.....	155 cases
1 Trained Midwife attended	.....	120—130 cases
1 Trained Midwife attended	.....	100—120 cases
3 Trained Midwives attended	.....	75—100 cases
1 Trained Midwife attended	.....	50—75 cases
8 Trained Midwives attended	.....	20—50 cases
17 Trained Midwives attended	.....	20 or under

No cases were attended by bona-fide midwives.

Five Trained Midwives at the Municipal Maternity Home attended 202 cases.

TABLE 34.

In 392 cases (32.3% of the births notified by midwives and 29.3% of the total births notified during the year) Medical Aid was summoned by Midwives under Section 14 (i) of the Midwives Act, 1918, as compared with 360 in 1935.

Abortion	.....	2
Adherent or Retained Placenta	.....	12
Albuminuria	.....	15
Ante-partum or Post-partum Hæmorrhage	.....	39
Complications of Pregnancy	.....	7
Condition of Mother	.....	37
Condition of Baby	.....	25
Delayed, Difficult, Prolonged, Obstructed, and Premature Labour	.....	105
Enteritis	.....	1
Eclampsia	.....	1
Inflammation of Eye	.....	17
Malformation of Child	.....	4
Miscarriage	.....	3
No Midwife available	.....	3
Rise of Temperature	.....	6
Ruptured or torn Perineum	.....	104
Stillbirth	.....	3
Uterine Inertia	.....	5
Varicose Veins	.....	3

392

TABLE 35.

The total number of cases attended by Midwives during 1936 was made up as follows :—

	Live Births	Still Births	Total
Attended by Trained Midwives in the Municipal Maternity Home	192	10	202
Attended in the Private Nursing Home	46	2	48
Attended by Nurses of the District Nursing Association	26	...	26
Attended by Trained Midwives ...	995	43	1038
Attended by Untrained Midwives	...	...	...
Attended by Midwives at the St. Helen Hospital	26	...	26
Total ...	1285 (1268)	55 (51)	1310 (1319)

Note:—Figures in brackets are comparative figures for 1935.

TABLE 36.

Barnsley, Ardsley, Monk Bretton and Lundwood Infant Welfare
and Ante-Natal Centres.

Annual Report, 1936

Infant Welfare—	Barnsley	Ardsley	Monk Bretton	Lund- wood	Total
Number of cases on books on 1/1/1936:—					
0—1 years ...	537	76	86	138	837
1—5 „ ...	782	185	92	252	1311
Number of new cases seen by M.O. during 1936, and who on their first attendance were:—					
0—1 years ...	592	140	77	139	948
1—2 „ ...	40	8	2	15	65
2—5 „ ...	67	5	12	14	98
Total number of cases who attended during the year 1936:—					
0—1 years ...	1129	216	163	277	1785
1—5 „ ...	889	198	106	281	1474
Total number of children who attended the Centres during the year and who at the end of the year were:—					
0—1 years ...	645	94	81	108	928
1—5 „ ...	1038	192	141	210	1581
Total Attendances made by all cases during the year:—					
0—1 years ...	17990	2125	1419	2600	24134
1—5 „ ...	5271	900	900	1321	8392
Ante-Natal—					
Number of cases ...	383	63	...	173	619
Total number of attendances made by above cases ...	1504	313	...	701	2518
Post-Natal—					
Number of cases ...	140	8	...	1	149
Total number of attendances made by above cases ...	144	8	...	1	153
Number of slides examined ...	27	1	...	2	30
School Children—					
Number of attendances made by School Children for the purchase of Drugs, etc., (not included in M. & C. W. section) ...	3058	508	255	579	4400

TABLE 37.

LIQUID MILK, DRIED MILK and DRUGS supplied Free or at Reduced Rates during the Year ended 31st December, 1936.

	Barnsley.	Ardley.	Monk Bretton.	Lundwood	Total
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
FREE MILK—					
Liquid Milk ...	623 14 7	90 19 4	97 9 4	206 8 1	1018 11 4
Dried Milk ...	641 7 8	121 17 7	75 13 9	241 8 0	1080 7 0
Drugs ...	8 6 9	3 17 6	1 18 4	2 8 6	16 11 1
	1273 9 0	216 14 5	175 1 5	450 4 7	2115 9 5
MILK AT RE- DUCED RATES					
Liquid Milk ...	2 4 8	...	1 5	3 3	2 9 4
Dried Milk ...	6 9 6	2 12 1	15 4	12 3	10 9 2
Drugs ...	...	11	...	3	1 2
	8 14 2	2 13 0	16 9	15 9	12 19 8
Total Cost to the Committee 1936	1282 3 2	219 7 5	175 18 2	451 0 4	2128 9 1
1935	1372 2 6	256 0 6	308 14 3	481 4 3	2418 1 7
Receipts for the year 1936	1321 11 2	156 11 7	128 16 2	179 2 0	1786 0 11
1935	1283 5 10	167 19 0	73 3 6	139 17 8	1664 6 0

TABLE II

Summary of the results of the analysis of the milk samples collected during the year ending 31st December 1934.

No.	Date	Place	Milk		Total
			Wt.	Vol.	
1	1.12.34	...	...	...	...
2	2.12.34	...	...	...	...
3	3.12.34	...	...	...	...
4	4.12.34	...	...	...	...
5	5.12.34	...	...	...	...
6	6.12.34	...	...	...	...
7	7.12.34	...	...	...	...
8	8.12.34	...	...	...	...
9	9.12.34	...	...	...	...
10	10.12.34	...	...	...	...
11	11.12.34	...	...	...	...
12	12.12.34	...	...	...	...
13	13.12.34	...	...	...	...
14	14.12.34	...	...	...	...
15	15.12.34	...	...	...	...
16	16.12.34	...	...	...	...
17	17.12.34	...	...	...	...
18	18.12.34	...	...	...	...
19	19.12.34	...	...	...	...
20	20.12.34	...	...	...	...
21	21.12.34	...	...	...	...
22	22.12.34	...	...	...	...
23	23.12.34	...	...	...	...
24	24.12.34	...	...	...	...
25	25.12.34	...	...	...	...
26	26.12.34	...	...	...	...
27	27.12.34	...	...	...	...
28	28.12.34	...	...	...	...
29	29.12.34	...	...	...	...
30	30.12.34	...	...	...	...
31	31.12.34	...	...	...	...

...

TABLE 38

Summary of the Work of the Health Visitors for the Year 1936.

Wards.	Live Births.		Still Births		Ante-Natal.		Ophthalmia Neonatorum		Pneumonia (all forms) Children.			Measles.		Whooping Cough.		Diarrhoea.		Chicken-Pox.		Death Enquiries.	Visits to Midwives.	Visits to Boarded Out Children	Diph. Contacts		Miscellaneous											
	1st Visits.	Re-visits.		1st Visits.	Re-Visits.	1st Visits.	Re-Visits.	1st Visits.	Re-Visits.	1st Visits.		Re-Visits.		1st Visits.		Re-Visits.		1st Visits.					Re-Visits.		Re-Visits	1st Visits	Re-Visits	1st Visits	Re-Visits							
		Under 1 yr.	1-5 yrs.							Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.				Under 1 yr.	1-5 yrs.						Under 1 yr.	1-5 yrs.					
		Under 1 yr.	1-5 yrs.							Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.				Under 1 yr.	1-5 yrs.						Under 1 yr.	1-5 yrs.					
Ardsley	164	681	1508	4	...	40	35	4	5	...	...	...	2	16	...	...	4	20	2	8	...	...	...	...	22	...	...	...	...	...	
Central	72	268	455	1	...	20	22	2	1	1	4	...	1	1	2	...	...	1	1	1	1	10	...	7	...	12	...	...	...				
East	121	416	749	3	...	26	52	2	6	...	3	...	1	1	...	...	...	...	...	...	...	7	5	27	...	...	...	...	...		
Monk Bretton	264	1378	2760	18	2	45	21	8	71	3	10	3	9	9	5	25	13	4	9	5	3	...	...	...	29	78	7	4	80	...	...			
North	120	592	633	3	...	18	28	1	...	...	...	...	...	3	2	...	...	...	...	...	...	...	...	...	...	...	1	20	...	...	...		
South	90	385	349	5	3	29	51	1	22	3	4	12	15	3	7	10	11	2	4	11	12	4	2	12	5	2	4	5	...	8	...	6		
South-East	161	650	1306	13	...	46	41	3	10	5	3	...	2	5	...	3	3	4	1	1	1	14	9	28	...	1	...				
South-West	106	558	540	4	5	39	75	1	29	6	2	15	8	5	12	14	12	5	7	20	21	3	4	9	13	3	5	7	9	7	...	17	...	20	...	11
West	117	515	579	6	...	27	30	4	53	1	1	7	2	13	5	14	
TOTALS	1214	5898	8874	51	10	290	355	26	197	19	28	30	37	27	48	53	38	18	48	39	44	8	12	25	20	7	10	13	10	78	80	60	19	206	5	26

Date	Particulars	Debit		Credit		Balance
		Rs.	P.	Rs.	P.	
	Balance b/d			100	00	100
	By Cash	50	00			150
	To Cash			50	00	100
	Balance c/d					100
		100	00	100	00	
	By Cash	20	00			120
	To Cash			20	00	100
	Balance c/d					100
		120	00	120	00	
	By Cash	30	00			130
	To Cash			30	00	100
	Balance c/d					100
		130	00	130	00	
	By Cash	40	00			140
	To Cash			40	00	100
	Balance c/d					100
		140	00	140	00	
	By Cash	50	00			150
	To Cash			50	00	100
	Balance c/d					100
		150	00	150	00	
	By Cash	60	00			160
	To Cash			60	00	100
	Balance c/d					100
		160	00	160	00	
	By Cash	70	00			170
	To Cash			70	00	100
	Balance c/d					100
		170	00	170	00	
	By Cash	80	00			180
	To Cash			80	00	100
	Balance c/d					100
		180	00	180	00	
	By Cash	90	00			190
	To Cash			90	00	100
	Balance c/d					100
		190	00	190	00	
	By Cash	100	00			200
	To Cash			100	00	100
	Balance c/d					100
		200	00	200	00	

Grand Total

100 00

CHILDREN'S ACT, 1908, AND CHILDREN AND YOUNG PERSONS ACT, 1932.

There are six foster parents registered under these Acts.

The six children on the register are regularly visited by the Health Visitors and conditions are satisfactory.

DENTAL TREATMENT OF MATERNITY AND CHILD WELFARE PATIENTS.

The following Table 39 is submitted by the Senior Dental Surgeon, Mr. A. G. Moxon, L.D.S.:—

TABLE 39.

Summary of Work Done for Maternity and Child Welfare Patients during 1936.

No. of Sessions held	.....	.....	.....	.....	97
No. of Attendances	.....	.....	.....	.....	933
No. of Extractions	.....	.....	.....	.....	2,755
No. of Fillings	.....	.....	.....	.....	5
No. of other Operations	.....	.....	.....	.....	215
No. of Inspections	.....	.....	.....	.....	97
No. of Dentures Supplied	.....	.....	.....	.....	130

ORTHOPAEDIC TREATMENT.

Full details of the arrangement for Orthopædic Treatment are given in the current Annual Report of the School Medical Officer. Details relating to the treatment of children under five years of age and Tubercular patients are as follows:—

TABLE 40.

**SUMMARY OF WORK DONE UNDER THE
ORTHOPÆDIC SCHEME, 1936, IN ADDITION TO THE
ORTHOPÆDIC WORK DONE UNDER THE SCHOOL
MEDICAL SERVICES SCHEME.**

Inspections at Clinics.

Visits of Orthopædic Surgeon 12 (23 Sessions).

Number of Cases Seen:**New Patients:**

Tubercular—Of under five years	1
Of over sixteen years	1
Non-Tubercular—Of under five years	36
Of over sixteen years	6

Number of Re-examinations:

Tubercular—Of under five years	—
Of over sixteen years	—
Non-Tubercular—Of under five years	62
Of over sixteen years	15
Total number of Examinations	121

TABLE 41.

SUMMARY OF CASES ADMITTED TO THE YORKSHIRE CHILDREN'S ORTHOPAEDIC
HOSPITAL, KIRBYMOORSIDE.

Initials.	Age.	Condition.	Date of Admission to Hospital.	Date of Discharge from Hospital.	Condition on Discharge.	Result.
A.M. ...	3 years	Congenital Dislocation of Left Hip	12/4/35	6/3/36	In Plaster	Condition satisfactory
M.C. ..	2 "	Deformity—Both Feet	10/1/36	3/4/36	Walking with help	Condition improved
" ...	2 "	Deformity—Both Feet	Re-Admitted 28/9/36	Still in Hospital	—	—
W.B. ...	1 year	Double Club Foot	15/5/36	22/7/36	Whooping Cough	To be Re-Admitted
N.J. ...	2 years	Tb. Spine	22/7/36	Still in Hospital	—	—
D.P. ...	2 "	Congenital Dislocation of Left Hip	14/8/36	Still in Hospital	—	—
W.W....	3 "	Rickets, Bow Legs	28/9/36	27/11/36	Walking well	Condition greatly improved

TABLE 42

**SUMMARY OF CASES UNDER FIVE YEARS OF AGE
SEEN BY ORTHOPÆDIC SURGEON.**

	New Cases.	Re-Exams.
Tubercular Cases	1	—
Non-tubercular Cases—		
Infantile Paralysis	2	3
Erb's Paralysis	1	1
Deformities due to Rickets.....	11	10
Foot Deformities	—	16
Torticollis	5	2
Infantile Hemiplegia	1	5
Flat Feet	5	10
Spina Bifida	1	—
Conditions due to weakness.....	2	—
Injuries	4	1
Congenital Dislocation of Hip	2	6
Total	35	54

TABLE 43.

**SUMMARY OF CASES OVER SIXTEEN YEARS OF
AGE SEEN BY THE ORTHOPÆDIC SURGEON.**

Tubercular Cases—		
Tb. Spine	1	—
Non-Tubercular Cases—		
Synovitis	1	1
Sprain	1	—
Flat Feet	1	—
Infantile Paralysis	—	3
Foot Pain	1	—
Foot Deformity	—	3
Osteoporosis	1	1
Spinal Pain	1	—
Total	7	8

TABLE 44.

SUMMARY OF ADVICE GIVEN.

	Under 5 yrs.	Over 16 yrs.
Requiring Hospital Treatment	7	—
Requiring Sanatorium Treatment.....	—	1
Requiring Surgical Appliances	4	—
Requiring Elastoplast Fixation	2	1
Recommended for U.V.L. Treat.....	6	—
Adjustments to Boots	11	3
Referred for Remedial Exercises.....	3	1
Referred for Massage	12	—
Referred for Electrical Treatment....	1	—
Referred for Radiant Heat	1	—
Referred for Calcium Treatment.....	—	1
Referred for C.L.O., Milk, etc.....	11	—
Referred for Plaster	1	—
Referred for Observation	10	3

MATERNITY AND NURSING HOMES.

Two Nursing Homes are registered under the Nursing Homes Registration Act of 1926.

Both Homes were re-inspected during the year 1936 and their condition was found to be unaltered .

TABULAR

STAFF OF THE BUREAU OF ADVISORY DIVISION

PERSONNEL REPORTED BY NAME

Under the Order of the

1	Mr. [Name]	Chief Clerk
2	Mr. [Name]	Assistant Chief Clerk
3	Mr. [Name]	Special Agent in Charge
4	Mr. [Name]	Special Agent in Charge
5	Mr. [Name]	Special Agent in Charge
6	Mr. [Name]	Special Agent in Charge
7	Mr. [Name]	Special Agent in Charge
8	Mr. [Name]	Special Agent in Charge
9	Mr. [Name]	Special Agent in Charge
10	Mr. [Name]	Special Agent in Charge

PERSONNEL AND WORKING BUREAU

The Bureau is organized under the following

which have been established during the year 1933 and

the Bureau is organized under the following

which have been established during the year 1933 and

Section VIII.

THE ST. HELEN MUNICIPAL
GENERAL HOSPITAL.

SECTION VIII.**THE ST. HELEN HOSPITAL SUB-COMMITTEE.**

Chairman—Mr. Alderman E. Sheerien, J.P.

Vice-Chairman—Mr. Alderman J. Walton.

His Worship the Mayor—

Mr. Alderman J. Jones, J.P., C.B.E;

Rev. Alderman D. Allott.	Mr. Alderman S. Trueman.
Mrs. Councillor Dennis.	Mr. Councillor H. Burgin.
Mr. Councillor G. Mason, J.P.	Mr. Councillor J. G. E. Rideal.

ST. HELEN HOSPITAL.

The following report has been prepared by the Medical Superintendent— William Simpson, M.D., Ch.B., D.C.O.G.

“The Hospital was appropriated by the Public Health Services Committee on the 1st April, 1936, and the improvements begun under the Public Assistance Committee during the past few years have been continued.

The following new appointments have been made :—

Designaton.	Commenced Duty
Whole-time Medical Officer	15th June, 1936.
Matron	6th October, 1936.
Whole-time Steward	1st October, 1936.
Part-time Dispenser	1st August, 1936 .
Junior Clerk	21st September, 1936.
Resident Porter.	31st March, 1937.

The first Programme of Development has been approved by the Council. It consists of :

Modernization of One Ward.	} to be built.
Structural Alterations to the Administrative Block.	
Maternity Block	
Nurses' Home	
Medical Superintendent's House	

Administrative Action.

1. Painting and decorating of four small wards with necessary sanitary alterations have made these Wards available for the treatment of acute Medical cases.
2. A small ward, hitherto unused, has been temporarily converted into cubicles for seven nurses, and this, along with the additional bathroom in the adjacent sanitary annexe, has improved the domestic conditions of the nursing staff, pending occupation of the contemplated Nurses' Home.
3. Office accommodation has been provided in the existing administrative block for the Medical Officer, Matron, Steward, and Clerk; it should be adequate for proper administration, having regard to the probable increase in scope and size of the Hospital, over the next few years.
4. The second floor of the administrative Block is being altered to provide accommodation for the Matron and Assistant Matron.
5. The installation of an internal automatic telephone system to facilitate inter-communication in the Hospital has been approved. The Municipal Institution is at present carrying out this service for the Hospital and the existing facilities are inadequate for Hospital purposes.
6. New apparatus is being provided to ensure a more decorous transfer of deceased patients from Wards to Mortuary.

Clinical Action.

1. An increased number of cases of abnormalities during pregnancy and labour have been admitted and treated:—

Ante-natal cases year ended 31-3-37	.....	23 (1935 nil)
Confinements	.....	47 (1935 23)

Parents have been encouraged to allow children to be vaccinated and, when necessary, circumcised in the fortnight after the birth of the child. The baby has the benefit of skilled nursing during the period of re-action and healing respectively. After discharge of the mother and child, the latter's progress is not interrupted by the carrying out of these procedures.

2. Provision is being made for the establishment in, and the operation from the Hospital of an emergency Maternity Service.
3. Arrangements—admittedly inadequate at present—have been made for the reception and treatment of cases of Ophthalmia Neonatorum. Five cases have been so treated, and the Beckett Hospital consulting Ophthalmologist has kindly made his services available. Of the two cases—one early in 1937 whose —vision was impaired, one child was blind in both eyes and the other in one eye before admission, which did not take place in the early stages of the illness.
4. The Clinical Tuberculosis Officer has visited on many occasions for consultation in chest cases.
5. Mutually satisfactory relations exist with the Beckett Hospital and cases have been interchanged, as and when it seemed beneficial to the patient. Cases have been sent there :—
 - (a) for opinion by the consulting surgical staff.
 - (b) when operation was indicated, and was beyond the scope of the very limited surgical equipment of the St. Helen Hospital.
6. The number of acute Medical cases during the year has increased, and accounts for the decrease in the average period in Hospital per patient.
7. The routine of giving clinical bedside demonstrations to the nursing staff has been established, in preparation for a course of systematic lectures later.
8. It has been possible to admit from the Maternity & Child Welfare Clinics and the School Clinics an increasing number of cases for observation and treatment, e.g., chorea, nephritis, rickets, malnutrition, skin conditions, etc.
9. General anæsthetics have on occasion been given by Medical Officers of the Public Health Department ; the need of a Junior Resident Medical Officer to give anæsthetics and assist with other medical work in the Hospital is becoming more and more marked.

Statistics :

Nursing Staff—1 Matron
 4 Sisters
 4 Staff Nurses
 21 Assistant Nurses.
 5 Female Attendants

 35

5 Male Attendants.

Steward's Staff—1 Steward
 1 Lady Clerk
 1 Resident Porter (Commenced duty 31-3-37)

Domestic Staff—2 Cooks.
 23 Cleaners

Hospital Admissions:—Year ended 31-3-37. Year ended 31-3-36
 849 669

TABLE 45.

ST. HELEN HOSPITAL.

Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on the 31st December, 1936

Classification of Wards.	BEDS.								
	Number of Wards.	MEN.		WOMEN.		CHILDREN (under 16 yrs. of age)		TOTAL.	
		Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.	Pro- vided.	Occu- pied.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Medical ...	5	82	52	32	30	...	...	114	82
Surgical ...									
Chronic Sick ...									
Children ...	1	...	...	...	...	14	14	14	14
Venereal...	...	...	...	...	...	...	...	...	...
Tuberculosis	...	...	...	...	...	...	...	...	...
Isolation ...	...	2	...	4	4	3	3	9	7
Maternity...	1	...	...	4	3	...	...	4	3
Mental ...	2	31	23	29	23	4	4	64	50
Total ...	9	115	75	69	60	21	21	205	156

TABLE 46.

ST. HELEN HOSPITAL.

In-Patients.

1.	Total number of admissions (including infants born in hospital)	.....	.....	.....	.....	.....	.....	741
2.	Number of women confined in hospital	.....	.....	.....	.....	.....	.....	34
3.	Number of live births	.....	.....	.....	.....	.....	.....	28
4.	Number of still births	.....	.....	.....	.....	.....	.....	6
5.	Number of deaths among the newly-born (i.e., under four weeks of age)	.....	.....	.....	.....	.....	.....	1
6.	Total number of deaths among children under one year (including those given under 5)	.....	.....	.....	.....	.....	.....	5
7.	Number of Maternal deaths among women admitted to Hospital for confinement	.....	.....	.....	.....	.....	.....	Nil
8.	Total number of deaths	.....	.....	.....	.....	.....	.....	163
9.	Total number of discharges (including infants born in hospital)	.....	.....	.....	.....	.....	.....	599
10.	Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods:—							
	(a) under four weeks.....	.....	.....	.....	.....	.....	.....	469
	(b) four weeks and under thirteen weeks	.....	.....	.....	.....	.....	.....	175
	(c) thirteen weeks or more	.....	.....	.....	.....	.....	.....	118
11.	Number of beds occupied:—							
	(a) average during the year	.....	.....	.....	.....	.....	.....	168
	(b) highest 196, on 15-2-36.							
	(c) lowest 144, on 22-9-36.							

TABLE 47. ST. HELEN HOSPITAL.

Classification of In-Patients who were discharged from or who died in the Institution during the year ended 31st December, 1936.

DISEASE GROUPS.	Children (under 16 yrs.) of age		Men and Women	
	Dis- charged	Died	Dis- charged	Died
A. Acute infectious disease	11	—	26	16
B. Influenza	1	—	23	—
C. Tuberculosis—				
Pulmonary	—	—	3	—
Non-Pulmonary	2	—	—	—
D. Malignant disease	—	—	9	21
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	7	—	4	—
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)	—	—	14	—
(3) Chronic arthritis	—	—	4	—
F. Venereal disease	4	—	—	—
G. Puerperal pyrexia	—	—	—	—
H. Puerperal fever				
(a) Women confined in the Hospital....	—	—	—	—
(b) Other Cases	—	—	—	—
I. Other diseases and accidents connected with pregnancy and childbirth	—	—	18	1
J. Mental diseases—				
(a) Senile Dementia	—	—	20	—
(b) Other	—	—	63	—
K. Senile decay	—	—	25	22
L. Accidental injury and Violence	1	—	35	3
In respect of cases not included above:				
M. Disease of the Nervous System and Sense Organs	10	—	54	20
N. Disease of the Respiratory System	5	—	52	10
O. " " Circulatory System	2	—	44	57
P. " " Digestive System	1	—	21	1
Q. " " Genito-urinary System	3	—	15	7
R. " " Skin	11	—	34	—
S. Other diseases	4	—	3	—
T. Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	34	—
Infants	28	—	—	—
U. Any persons not falling under any of of the above headings	3	5	5	—
TOTALS	93	5	506	158

With the increasing number of acute cases admitted to the Hospital since appropriation, the average period of stay of patients in the Hospital has naturally diminished. Another factor which has helped to diminish the average period of stay in Hospital has been the presence of a whole-time Medical Officer who could ensure expedition in examination, diagnosis, and treatment of patients.

With the increasing number of acute cases admitted to the hospital since a comparison the average period of stay of patients in the hospital has generally diminished. It is noted that the period of stay in the hospital has not only the presence of a well-defined period of stay but also the presence of a well-defined period of stay.

The period of stay in the hospital has not only the presence of a well-defined period of stay but also the presence of a well-defined period of stay. The period of stay in the hospital has not only the presence of a well-defined period of stay but also the presence of a well-defined period of stay.

The period of stay in the hospital has not only the presence of a well-defined period of stay but also the presence of a well-defined period of stay. The period of stay in the hospital has not only the presence of a well-defined period of stay but also the presence of a well-defined period of stay.

Section IX.

**KENDRAY AND LUNDWOOD
INFECTIOUS DISEASES HOSPITALS.**

SECTION IX.**KENDRAY AND LUNDWOOD HOSPITALS COMMITTEE.**

Chairman — Alderman E. Sheerien, J.P.

Vice-Chairman — Alderman J. Walton.

His Worship the Mayor—

Alderman J. Jones, J.P., C.B.E,

Alderman D. Allott.

Mrs. Councillor Soper

Councillor H. Burgin

Mrs. Councillor Dennis

Councillor A. Allen.

Councillor H. Potter.

Representatives appointed by Out-District Councils.

Barnsley Rural—Captain L. Hallam, J.P.

Cudworth Urban—Mr. W. C. Batty.

Darfield Urban—Mr. T. W. Illsley, J.P.

Dodworth Urban—Mr. A. Dyson.

Royston Urban—Mr. G. H. Cooke.

KENDRAY AND LUNDWOOD ISOLATION HOSPITALS.

Lundwood Smallpox Hospital remained empty throughout 1936.

657 cases were admitted to the Kendray Isolation Hospital during the year 1936.

In order to avoid overcrowding at certain times of the year, it was necessary to adopt the method of discharging a large proportion of the scarlet fever cases in three or four weeks, a procedure which quite apart from the question of overcrowding of hospital wards, has much to commend it in relation to the prevailing mild type of scarlet fever. Certain cases of rheumatic heart disease occurring in the course of scarlet fever require prolonged treatment in bed for six months or more; it is not wise to keep such patients for a long time in general scarlet fever wards where they are constantly exposed to the possibility of repeated re-infections with hæmolytic streptococci with the attendant risk of further infection and damage of the already injured heart.

There is a definite call for the provision of suitable bed accommodation for prolonged treatment of rheumatic heart disease in children in Barnsley; probably the best place to make provision for such accommodation is at the St. Helen Hospital.

The bed arrangements in the wards at the Kendray Isolation Hospital are as follows :—

LAMBERT BLOCK—

- 2 large wards each containing 8 beds.
- 2 side wards each containing 2 beds.

ISOLATION BLOCK—

- 2 large wards each containing 5 beds.
- 2 small wards each containing 2 beds, with 2 balconies, each giving provision during summer weather for 4 beds.

ARNOT BLOCK—

- 2 general wards each containing 10 beds.

LONG BLOCK—

- 2 general wards each containing 14 beds, including in each ward a one-bed observation cubicle, screened off from the main ward by glass partitions extending up to the ceiling.

CUBICLE BLOCK, containing 8 cubicles.

ROUND BLOCK—

- 2 general wards each containing 8 beds, and 2 side wards each containing 2 beds.

The total number of beds available in the Kendray Isolation Hospital during 1936 was, therefore, 110 beds, not including the eight extra out-door beds available in summer weather in Isolation Block Verandah which was constructed in the early part of 1936.

In Lambert, Isolation and Round Block the number of beds given above does not permit of the full 12 feet of wall space really advisable per bed in an isolation hospital; a reasonable approximation is, however made to the 12 feet of wall space and the design of these wards is such that it would appear impossible to arrange the beds otherwise except by reducing the numbers drastically and giving considerably more than 12 feet of wall space per bed.

A major weakness at Kendray Hospital is the shortage of cubicles, the Council has decided to extend the existing 8 bed cubicle block by the addition of four single bed cubicles and this work was to be commenced early in 1937.

Round Block is an antiquated structure on which it would not be advisable to spend a large amount of money. It is suggested that a wise policy would be to replace Round Block eventually by a new cubicle block rather than carry out the projected extensive structural alterations in Round Block.

Kendray Isolation Hospital serves a population of about 100,000 and about 800 cases are admitted each year.

The Medical Officer of Health acts as Medical Superintendent of the Isolation Hospital and carries out the bulk of the clinical work there. The proportion of his salary, which is allotted to the Kendray Hospital, is £125 per annum, and the proportion of the combined salaries of the Assistant Medical Officers which is allotted to the Kendray Hospital is £71 per annum. These figures are, of course, anomalous.

The Isolation Hospital occupies much more of the time of the Medical Officer of Health and of the Assistant Medical Officers than is suggested by the total sum of £196. The Medical Officer of Health himself spends an excessively large proportion of his working time at the Isolation Hospital; in consequence

his general administrative duties, which have increased remarkably in the past few years, and are still increasing, suffer considerably, particularly at times when the Isolation Hospital is busy. Apart from the strain which Kendray Hospital places upon the health of the Medical Officer of Health and the undue impairment which it causes in the efficient execution of his other multifarious duties, the general consensus of opinion in Public Health circles is that to secure efficiency and proper continuity in the medical treatment of the patients, and in the medical teaching of the probationer nurses in an Isolation Hospital of over 100 beds requires the whole-time services of a responsible and specially trained Resident Medical Officer. Such a Medical Officer would cost about £700 per annum, rather under £1 per patient treated in the Hospital.

The following Table 48 classifies the cases admitted and treated during the year.

General observations during which have increased in
 the past few years, and the following is a
 summary of the results of the studies conducted
 in the field of the medical history of the
 patient which it passes in the clinical examination of the
 patient under the general conditions of ordinary
 the study is made of the character and course of
 the medical treatment of the patient and in the
 part of the patient's history in an individual
 all the signs of the disease as far as they
 possible could be determined. It is a
 study that about 1890 was made, and it
 was made in the hospital.

The following Table is a list of the cases admitted and
 discharged during the period of the study.

No.	Name	Age	Sex	Admitted	Discharged	Result
1	John Doe	45	M	Jan 15	Feb 10	Recovered
2	Mary Smith	32	F	Jan 20	Mar 5	Recovered
3	James Brown	58	M	Feb 1	Apr 15	Recovered
4	Elizabeth White	28	F	Feb 10	May 1	Recovered
5	Robert Black	65	M	Feb 20	Jun 1	Recovered
6	Sarah Green	40	F	Mar 5	Jul 15	Recovered
7	William Grey	70	M	Mar 15	Aug 1	Recovered
8	Anna Hall	35	F	Mar 25	Sep 1	Recovered
9	Thomas King	55	M	Apr 5	Oct 1	Recovered
10	Elizabeth Lee	25	F	Apr 15	Nov 1	Recovered
11	George Miller	60	M	Apr 25	Dec 1	Recovered
12	Frances Nelson	30	F	May 5	Jan 1	Recovered
13	Charles Owen	75	M	May 15	Feb 1	Recovered
14	Harriet Parker	42	F	May 25	Mar 1	Recovered
15	Henry Quinn	50	M	Jun 5	Apr 1	Recovered
16	Isabella Reed	38	F	Jun 15	May 1	Recovered
17	Samuel Stiles	68	M	Jun 25	Jun 1	Recovered
18	Lucy Taylor	22	F	Jul 5	Jun 1	Recovered
19	David Walker	72	M	Jul 15	Jul 1	Recovered
20	Emily Young	48	F	Jul 25	Aug 1	Recovered

TABLE 48.
KENDRAY AND LUNDWOOD HOSPITALS.—ANNUAL TABLE FOR THE YEAR 1936.

NAME OF DISTRICT.	Cases in Hospital, 1/1/1936.					Cases Admitted in 1936.					Cases Discharged in 1936.					Died 1936.					Cases in Hospital, 31/12/1936.					Operations performed					
	Miscellaneous.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Total.	Miscellaneous.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Total.	Miscellaneous.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Total.	Miscellaneous.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Total.	Miscellaneous.	Enteric Fever.	Diphtheria.	Scarlet Fever.	Total.	Tracheotomy	Mastoid	Empyema	Hydrocele	Incision of Glands	Total
Barnsley C.B.C.	6	...	15	37	58	60	1	167	226	454	56	1	157	250	464	7	...	9	1	17	8	...	16	12	31	2	...	1	1	5	9
Barnsley R.D.C.	...	...	1	2	3	2	...	2	10	14	2	...	3	11	16	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
Cudworth U.D.C.	...	...	17	11	28	4	...	32	27	63	1	...	46	35	82	2	...	...	...	...	1	...	3	3	7	...	...	...	...	...
Darfield U.D.C.	...	...	...	6	6	2	...	29	51	82	2	...	14	54	70	...	...	4	...	4	...	...	11	3	14	...	...	...	...	...
Dodworth U.D.C.	...	...	7	1	8	...	...	5	16	21	...	...	10	17	27	...	...	1	...	1	...	...	1	...	1	...	1	...	1	...
Royston U.D.C.	...	...	...	3	3	2	...	12	8	22	2	...	12	11	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Darton U.D.C.	...	...	...	...	...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	6	...	40	60	106	72	1	247	338	658	63	1	242	378	684	9	...	14	1	24	4	...	31	19	54	2	1	1	1	5	10

Daily Average of Occupants for 1936:—

Patients	...	...	70.9.
Nursing Staff	...	...	47.3.
Domestic Staff	...	...	37.7

Average Number of Days spent in Hospital by Patients suffering from:—

Enteric Fever	...	...	70 days.
Diphtheria	...	...	44.18 days.
Scarlet Fever	...	...	33.88 days.
Miscellaneous	...	...	20.10 days.

The 24 Deaths which occurred were certified as follows:—

Diphtheria	...	10
Diphtheria and Acute Bronchitis	...	1
Laryngeal Diphtheria (Tracheotomy)	...	1
Diphtheria and Convulsions (Tracheotomy)	...	1
Hæmorrhagic Diphtheria	...	1
Scarlet Fever & Broncho-Pneumonia	...	1
Prematurity	...	1
Congenital Debility	...	1
Broncho-Pneumonia	...	1
Lobar Pneumonia & Acute Toxæmia	...	1
Cachexia & Enteritis, from prolonged Tape Worm Infection...	...	1
Cerebro-Spinal Meningitis	...	1
Encephalitis Lethargica	...	1
Gastro-Enteritis	...	1
Tubercular Meningitis	...	1

Total ... 24

LUNDWOOD HOSPITAL—Lundwood Small Pox Hospital was closed during the whole of the year.

KENDRY ALBION

NAME OF		AGE	SEX	RELATION	DATE	PLACE	REMARKS
PATIENT							
1
2
3
4
5
6
7
8
9
10

Daily Average of Deaths for 1922

DATE	DEATHS	CAUSE
1
2
3
4
5
6
7
8
9
10

Average Number of Days spent in Hospital

CAUSE	AVG. DAYS
...	...
...	...
...	...
...	...
...	...

LONDON HOSPITAL

Diphtheria.

It is tragic that 14 young lives, 9 from Barnsley and 5 from the out-lying districts, were lost in the Kendray Isolation Hospital from Diphtheria during 1936 and that such a large number of other children who survived from Diphtheria did so only after long and harassing illnesses. Not a single one of these children need have had a serious illness at all from diphtheria. The immunizing injections against diphtheria cost only 2s. 6d. per child and, whilst a small proportion of the immunized children may later develop mild attacks of diphtheria, dangerous attacks of diphtheria in immunized children occur very very seldom.

During 1936 there was not a single death from diphtheria in Kendray Hospital amongst children who had been given the Diphtheria Immunizing Injections. It was realised that unless a special routine procedure was devised to secure information about the immunizing history of each diphtheria patient admitted to the Kendray Hospital it would not be possible to make definite statements in future years about the true value of diphtheria immunization in the Barnsley County Borough. From June 1936 it was, therefore, arranged that included in the Sanitary Inspector's report of the home conditions of all diphtheria patients there should be a note of the parent's statement as to whether the patient had been given diphtheria injections or not. This report is then checked from the Immunizing registers. A register is then to be kept giving details with regard to each diphtheria or suspected diphtheria case who has had the immunizing injections. After a few years it will, therefore, be possible to make a definite assessment of the degree of success secured in Barnsley in the prevention of the development of the illness diphtheria amongst children given the diphtheria immunizing injections.

In the latter half of 1936 there were admitted from the Barnsley County Borough into Kendray Isolation Hospital four children suffering from diphtheria and five children perhaps suffering from diphtheria, eight of whom had been given one or more immunizing injections and one of whom had been found schick negative when first tested in 1935. See Table 49.

It is noted that 11 young lives, 5 from Barstow and 6 from
outgoing districts, were lost in the January epidemic
of diphtheria in 1903 and that such a large number
of other children who recovered from diphtheria did so only
after one and many long illnesses. Not a single case of this
disease had been had a person living at all from diphtheria.
The remaining infections against diphtheria cost only 25.00
per child and, while a small proportion of the remaining
children may later develop mild attacks of diphtheria, these
are attacks of diphtheria in unimmunized children. Only
one child.

During 1903 there was not a single death from diphtheria
at the County Hospital among children who had been given the
diphtheria immunizing injections. It was realized that unless
special routine protection was provided to reduce the number
of the remaining history of each diphtheria patient under
care at the County Hospital a would not be possible to make
such assessments in future years about the true value of this
disease immunization in the County County Borough. From
the 1903 it was, therefore, arranged that included in the
County Inspector's report of the immunization of all diphtheria
cases should be a note of the patient's assessment
as to whether the patient had been given diphtheria immunizing
injections. This report is then checked from the immunizing register
and a register is then kept giving details with regard to each
diphtheria or suspect of diphtheria case who had the im-
munizing injections. After a few years it will be possible to
enable to make a detailed assessment of the degree of success
attained in future in the prevention of the development of the
disease diphtheria among children given the treatment im-
munizing injections.

In the latter half of 1906 there were admitted from the
County Borough 15 children into the County Hospital for
diphtheria, 10 from diphtheria and five children from
other districts, 4 of whom had been given
the immunizing injections and one of whom had not
and whose progress was given in the following table.

TABLE 49.

Number of BARNSELY patients who have had Immunising Injections against Diphtheria and who have been admitted to Kendray Hospital suspected to be suffering from Diphtheria

No.	Initials	Date of Birth	Date admitted to Kendray Hospital	Pre-schick Tested	Dates given Diphtheria Immunising Injections			Post-schick Tested	Clinical Diagnosis	Bacteriological Diagnosis	Virulence Test	Results of Illness
1	E.W.	1929	28/7/1936	Not done	1 c.c. T.A.F. 1/5/1936	Burroughs Wellcome each time 12/6/1936	24/7/1936	Not done	Not diphtheria	Swabs negative	—	Recovered (34 days in Hospital)
2	J.R.B.	1925	27/8/1936	Not done	1 c.c. T.A.F. 11/5/1936	Burroughs Wellcome both times 1/7/1936	—	Not done	Probably not diphtheria	Swabs negative	—	Recovered (31 days in Hospital)
3	M.P.B.	1927	3/9/1936	Not done	1 c.c. T.A.M. each time 27/11/1933	11/12/1933	15/1/1934	Not done	Not diphtheria	Swabs negative	—	Recovered (21 days in Hospital)
4	W.C.	1926	21/8/1936	Not done	Mulford's Toxoid 16/4/1934	10/5/1934	—	Not done	Not diphtheria	Swabs negative	—	Recovered (25 days in Hospital)
5	K.C.	1926	6/10/1936	Negative 15/2/1934	—	—	—	Not done	Perhaps a true diphtheria (Faucial)	Swabs negative	—	Recovered (52 days in Hospital)
6	M.C.	1928	18/11/1936	Not done	1 c.c. T.A.F. 27/9/1935	1 c.c. T.A.F. 9/10/1935	1 c.c. T.A.F. 23/10/1935	Not done	Faucial diphtheria	Throat + K.L.B.	Not done	Recovered (40 days in Hospital)
7	A.W.	1927	17/9/1936	Not done	1 c.c. T.A.F. 7/5/1936	1 c.c. T.A.F. 25/6/1936	Burroughs Wellcome —	Not done	Probably not diphtheria	Swabs negative	—	Recovered (29 days in Hospital)
8	A.H.	1929	29/10/1936	Not done	1 c.c. T.A.F. 18/9/1936	1 c.c. T.A.F. 23/10/1936	Burroughs Wellcome —	Not done	Faucial diphtheria	Swabs negative	—	Recovered (44 days in Hospital)
9	D.R.	1927	23/9/1936	Not done	1 c.c. T.A.F. 18/5/1936	1 c.c. T.A.F. 29/6/1936	1 c.c. T.A.F. 27/7/1936	Not done	Faucial diphtheria	Swabs negative	—	Recovered (59 days in Hospital)
10	J.J.	1929	29/10/1936	Not done	1 c.c. T.A.F. 27/9/1935	—	—	Not done	Perhaps Faucial diphtheria	Swabs negative	—	Recovered (44 days in Hospital)
11	D.L.	1927	9/11/1936	Not done	1 c.c. T.A.F. 20/11/1934	1 c.c. T.A.F. 18/12/1934	1 c.c. T.A.F. 24/2/1935	Not done	Faucial diphtheria	Throat + K.L.B.	Not done	Recovered (44 days in Hospital)
12	J.P.	1932	11/11/1936	Not done	1 c.c. T.A.F. 16/10/1936	—	—	Not done	Faucial diphtheria	Swabs negative	—	Recovered (51 days in Hospital)
13	E.R.	1928	28/11/1936	Not done	1 c.c. T.A.F. 6/11/1936	—	—	Not done	Faucial diphtheria	Throat + K.L.B.	Not done	Recovered (48 days in Hospital)
14	M.H.	1926	11/12/1936	Not done	One injection by private doctor a day or two before 11/12/1936			Not done	Faucial diphtheria	Throat + K.L.B.	Not done	Recovered

Number of the ...
who have been ...

Name	Rank	Branch	Date	No.	Page
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In assessing the value of diphtheria immunization it is to be borne in mind that this immunization frequently takes several months to develop for, unfortunately, we have not yet obtained a method of active immunization against Diphtheria comparable for rapidity with vaccination against Smallpox which can give complete immunity in a period shorter than the incubation period of Smallpox.

When describing the value of diphtheria immunization it is, therefore, wise to emphasize that though complete protection is obtained in a great majority of cases they do not all obtain it until several months after the injections, though quite a fair proportion develop immunity within a month or so. It must also be stressed that with T. A. F., the preparation mostly used in Barnsley, more than one injection is required, though probably one injection gives a certain amount of protection.

There will always be parents who are too careless, or too lazy, or too wise in their own estimation, to accept advice and have their children immunized against diphtheria. If such parents would at least remember that any child who has a sore throat may have diphtheria, and that very few cases of diphtheria, given serum on the first day, will be seriously ill, they might at least call a doctor in quickly instead of waiting three or four days, by which time the chances of saving the child's life from diphtheria are often very poor.

It is impossible for a Medical Officer who has seen a child die of diphtheria because the parents have not secured medical attention for several days after the onset of the illness to tell these parents, in the midst of their sorrow, that they themselves have quite unnecessarily caused their own great loss; but such is indeed the fact; it should be a matter of common knowledge that diphtheria treated on the first day with anti-diphtheritic serum scarcely ever kills a child but that every hour's delay at the worst increases the danger to life and at the best makes the illness more prolonged and more severe.

Facilities are available for diphtheria immunization at the Health Department in the Town Hall, on Saturday mornings at 10 a.m.

The numbers taking advantage of this Clinic were disappointingly small in 1936.

Immunization of children in the schools was continued during the year. Details are given in the Annual Report of the School Medical Officer. The parents of children in all the junior and infant schools have now had the opportunity of having their children protected against diphtheria. It is hoped to visit the Infant Schools at least once a year to offer immunization to new entrants.

During 1936, the nursing staff at the Kendray Isolation Hospital continued to be schick tested on admission and immunized, if necessary.

KENDRAY ISOLATION HOSPITAL—DIPHThERIA DEATHS.

TABLE 50

District	Initials	Age	Day of Disease on Admission	Days in Hospital	Remarks
Barnsley					
C.B.	M.W.	2 years	Fourth	9 days	Tracheotomy on admission
"	C.J.	14 mths.	Third	1 day	—
"	G.D.	3 years	Fourth	45 days	—
"	R.W.	5 years	Third	4 days	—
"	D.P.	4½ years	Second	5 hours	—
"	M.S.	4 years	Third	24 days	—
"	J.W.	2¾ years	Second	17 days	Tracheotomy on admission
"	M.A.	10 years	Fourth	9 days	—
"	C.J.B.	4 years	Third	1 day	—
Dodworth					
U.D.C. ..	R.H.	6 years	Fifth	12 days	—
Cudworth					
U.D.C. ..	J.K.	19 mths.	Eleventh	8 days	Cause of Death :— Gastro-Enteritis complicated by Nasal Diphtheria
Darfield					
U.D.C. ..	C.M.	5 years	Fourth	7 days	—
"	B.W.	3 years	Second	11 days	—
"	R.S.	10 years	Third	9 days	—

Scarlet Fever.

Of the 338 cases admitted as scarlet fever, 226 were from Barnsley County Borough. There was one death from Scarlet Fever in the Hospital, the child being a Barnsley case who had septic scarlet fever complicated by broncho-pneumonia.

The following Table 51 gives particulars of the death from Scarlet Fever during the year:—

TABLE 51.

District.	Initials.	Age.	Cause of Death.
Barnsley ...	J. B.	1 $\frac{3}{4}$ yrs.	1a Broncho Pneumonia 2 Scarlet Fever

Anti-scarlatinal serum is given as routine by the ward sister to all scarlet fever patients who on admission have nasal discharge or pus on the fauces or who have a temperature over 103 degrees f.

The mild cases which do not come into the above category and which formed a large proportion of the scarlet fever admissions during 1936 were not given serum unless it was specially ordered by a Medical Officer. Owing to the medical staffing arrangements, many of the Scarlet Fever cases are not seen by a Medical Officer until the day after admission to hospital, an arrangement which must be considered most unsatisfactory. A very large proportion of the scarlet fever patients given anti-scarlatinal serum develop serum rashes which many physicians consider a much more unpleasant phenomenon than a mild uncomplicated attack of scarlet fever. Any doctor or nurse who has had a severe serum rash cannot but be struck by the patience and docility shown by nearly all children under a similar affliction. Child patients are on the whole an inarticulate group, except in the presence of their mothers; otherwise there might have been a stronger body of opinion against the routine administration of anti-scarlatinal serum to all scarlet fever patients no matter how

mild the attack of scarlet fever. The suggestion is made that the correct way to reduce complications in mild cases of scarlet fever is not to give them anti-scarlatinal serum, the efficacy of which, for this purpose, is not unanimously accepted, but to nurse them under conditions which eliminate cross-infection with other varieties of hæmolytic streptococci ; they should not be admitted to a general scarlet fever ward but should preferably be nursed at home ; if home conditions are such that home nursing is not advisable, they should be nursed in small wards where efficient barrier nursing can be carried out, preferably in single bed cubicles, and they should not be detained in hospital any longer than is absolutely necessary.

It is even more important that cases of severe scarlet fever and cases with complications should be treated in single bed cubicles to eliminate the spread of their virulent streptococci.

During 1936 wash-hand basins, with running hot and cold water, were installed in both general wards in Lambert Block and both general wards in Isolation Block and provision has been made in the Estimates for 1937 for the installation of similar basins in certain other wards. With adequate ward ventilation routine sterilization of all crockery and cutlery after each meal, and ample facilities for hand-washing by nurses and doctors with soap and running water, cross-infection in general wards can be kept at a minimum. Without them, attempts at "barrier nursing" are doomed to failure no matter how complicated the arrangements of screens, gowns and bowls of disinfectant, which may, indeed, actually be harmful inasmuch as they frequently give rise to a false sense of security.

In 1936 Lambert Ward was provided with an electrical boiler for the sterilization of crockery and cutlery after all meals, and provision has been made in the 1937 estimates for the supply of a similar electric boiler to all other ward kitchens in the hospital, except Arnot Block, which has had such a boiler for over three years. Lavatory wash basins, and crockery and cutlery sterilizers, are matters of relatively small expenditure but of very great value ; without them it is very difficult for anything like efficient barrier nursing to be carried out in any ward, even if run entirely by trained nursing staff ; without them in a ward staffed largely by junior probationer nurses attempts at "barrier nursing" are almost farcical.

Enteric Fever.

One case of enteric fever from Barnsley was admitted to the Kendray Isolation Hospital, where the patient made a good recovery. The source of her infection was not discovered.

Two cases of Para-Typhoid—a father and daughter who had been infected in Bournemouth during the epidemic there—were nursed at home, and both recovered, though in one case the illness was severe and prolonged.

Puerperal Fever and Pyrexia.

The new Prontosil treatmentt for Puerperal Fever was exhibited in one very severe case of Puerperal Fever who recovered ; she had definitely taken a turn for the better two days before the Prontosil administraton was commenced and no observation can, therefore, be made as to whether Prontosil proved of much value in her case. Prontosil is now being given as routine in Kendray Hospital for a few days to all cases of streptococcal infection, e.g., puerperal fever, scarlet fever and erysipelas. The number of cases of puerperal fever admitted during the year to the Kendray Isolation Hospital was 8, and the number of cases of puerperal pyrexia was 3.

The following Table 52 shows the number of Barnsley cases of Puerperal Fever and Pyrexia admitted to the Isolation Hospitals during the past ten years, together with the number of deaths from these diseases.

TABLE 52.

Year.	Cases Admitted.		Deaths.	
	Septic Abortion.	Puerperal Sepsis.	Septic Abortion.	Puerperal Sepsis.
1936...	5	6	...	...
1935 ...	7	13	1	2 plus 1 in Norton Hospital
1934 ...	6	7	...	...
1933 ...	2	8	...	..
*1932 ...	1	3	...	...
1931 ...	10		3	
1930 ...	5		1	
1929 ...	8		1 (septic abortion)	
1928 ...	12		3	
1927 ..	10		1	
1926 ...	11		11	

*Accommodation was not available at the Isolation Hospital during part of the year, owing to an epidemic of cerebro-spinal fever.

FORTY HOUR WORKING WEEK IN KENDRAY ISOLATION HOSPITAL.

The introduction by Barnsley Town Council of a 40-hour working week in its hospitals marks an important step in the progress of the modern demand that the working conditions of the nursing profession should fall into line with those of other professions.

The following description is given of the time-table which I have prepared for the sisters and staff nurses; I wish specially to refer to the most valuable advice and assistance which I received from Miss Bissett, the Matron of Kendray Isolation Hospital, in the compilation of this time-table, and to the able way in which she brought it into operation.

With extended experience there will doubtless come revision and improvement of this time-table. As it stands it achieves the following results. It is simple: With only the three forms — Nos. 1, 2 and 3 as shown — the Matron in a few minutes can prepare the time-tables for sisters and staff nurses throughout the hospital of six ward blocks for a period

of eight weeks. She has only to fill in the names of the respective wards and the dates on three copies of Form No. 2 and three copies of Form No. 3 and sign them preparatory to placing them on the Notice Board.

Form No 1.

Form No. 1 will be known by heart by sisters and staff nurses after one or two days' experience of its use. The sister has two sets of duty hours; in (a) group she goes off duty at 6.15 p.m.; in (b) group, she goes off duty at 8.30 p.m. The staff nurse in (c) group goes off duty at 8.30 p.m.; in (d) group she goes off duty at 5 p.m.

KENDRAY ISOLATION HOSPITAL.

SISTERS AND STAFF NURSES.

DAY DUTY.

Hours of Duty in Wards, 5 days per week. When Sister is on group (a) duty hours, Staff Nurse is on group (c) duty hours; when Sister is on group (b) duty hours, Staff Nurse is on group (d) duty hours. On Sister's off-duty-days Staff Nurse is on group (c) duty hours. On Staff Nurse's off-duty days, Sister is on group (b) duty hours.

SISTER OR ACTING SISTER	{	(a) 8-15 a.m.— 9-30 a.m. ...	1 $\frac{1}{4}$ hours	} 8 hrs.
		10- 0 a.m.—12-30 p.m. ...	2 $\frac{1}{2}$,,	
		1-30 p.m.— 4-30 p.m. ...	3 ,,	
		5-0 p.m.— 6-15 p.m. ...	1 $\frac{1}{4}$,,	
SISTER OR ACTING SISTER	{	(b) 8-15 a.m.— 9-30 a.m. ...	1 $\frac{1}{4}$ hours	} 8 hrs.
		10- 0 a.m.—12-30 p.m. ...	2 $\frac{1}{2}$,,	
		3-15 p.m.— 4-30 p.m. ...	1 $\frac{1}{4}$,,	
		5- 0 p.m.— 7- 0 p.m. ...	2 ,,	
		7-30 p.m.— 8-30 p.m. ...	1 hour	
STAFF NURSE OR *ACTING STAFF NURSE	{	(c) 7-30 a.m.— 9- 0 a.m. ...	1 $\frac{1}{2}$ hours	} 8 hrs.
		9-30 a.m.— 1-30 p.m. ...	4 ,,	
		5-30 p.m.— 7-30 p.m. ...	2 ,,	
		8- 0 p.m.— 8-30 p.m. ...	$\frac{1}{2}$ hour	
STAFF NURSE OR *ACTING STAFF NURSE	{	(d) 7-30 a.m.— 9- 0 a.m. ...	1 $\frac{1}{2}$ hours	} 8 hrs.
		9-30 a.m.— 1-30 p.m. ...	4 ,,	
		2-30 p.m.— 5- 0 p.m. ...	2 $\frac{1}{2}$,,	

Forms Nos. 2 and 3.

Forms Nos. 2 and 3 gives off-duty days falling to the day sisters and staff nurses over a period of eight weeks, and they also give the hours on duty for the duty days over the same period. These two forms are required because it was arranged that only half of the sisters could have off-duty days synchronously. Therefore, the eight-week periods were arranged in the two groups A and B as shown on Forms 2 and 3 respectively.

FORM No. 2.

8-WEEK GROUP (A)

Read across

		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
SISTER	...	M (a)	T (b)	W (a)	T (b)	F (b)	*	*
		*	T (b)	W (a)	T (b)	*	S (b)	S (b)
		M (b)	T (b)	W (a)	*	F (b)	S (b)	*
		M (a)	T (b)	W (a)	*	F (b)	*	S (b)
		M (a)	T (b)	W (a)	*	*	S (b)	S (b)
		M (b)	T (b)	W (a)	*	F (b)	S (b)	*
		*	T (b)	W (a)	T (b)	F (a)	*	S (b)
		M (b)	T (b)	W (a)	T (b)	*	S (b)	*
STAFF NURSE	...	M (c)	T (d)	W (c)	*	*	S (c)	S (c)
		M (c)	T (d)	W (c)	*	F (c)	S (d)	*
		*	T (d)	W (c)	T (c)	F (d)	*	S (c)
		M (c)	T (d)	W (c)	T (c)	*	S (c)	*
		M (c)	T (d)	W (c)	T (c)	F (c)	*	*
		*	T (d)	W (c)	T (c)	*	S (d)	S (c)
		M (c)	T (d)	W (c)	*	F (c)	S (c)	*
		M (d)	T (d)	W (c)	*	F (c)	*	S (c)

* Represents days off duty. Small letters in brackets represent group of duty hours for the day in question.

FORM No. 3.

8-WEEK GROUP B.

Read across

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
SISTER ...	M (a)	T (b)	W (a)	*	*	S (b)	S (b)
	M (b)	T (b)	W (a)	*	F (b)	S (b)	*
	*	T (b)	W (a)	T (b)	F (b)	*	S (b)
	M (a)	T (b)	W (a)	T (b)	*	S (b)	*
	M (a)	T (b)	W (a)	T (b)	F (b)	*	*
	*	T (b)	W (a)	T (b)	*	S (b)	S (b)
	M (b)	T (b)	W (a)	*	F (b)	S (b)	*
	M (b)	T (b)	W (a)	*	F (b)	*	S (b)
STAFF NURSE ...	M (c)	T (d)	W (c)	T (c)	F (c)	*	*
	*	T (d)	W (c)	T (c)	*	S (d)	S (c)
	M (c)	T (d)	W (c)	*	F (d)	S (c)	*
	M (c)	T (d)	W (c)	*	F (c)	*	S (c)
	M (c)	T (d)	W (c)	*	*	S (c)	S (c)
	M (c)	T (d)	W (c)	*	F (c)	S (d)	*
	*	T (d)	W (c)	T (c)	F (c)	*	S (c)
	M (d)	T (d)	W (c)	T (c)	*	S (c)	*

* Represents days off duty. Small letters in brackets represent group of duty hours for day in question.

No sister or staff nurse has a longer period than five duty days without a subsequent off-duty day. Once in eight weeks each has a long week-end, Saturday, Sunday and Monday off duty, and once in eight weeks a short week-end, Sunday and Monday. In the eight-week period each has four Sundays and three Saturdays off duty. Every Wednesday, the sister finishes at 6.15 p.m., and every Tuesday the staff nurse finishes at 5 p.m. They know their off-duty days and their duty days for a period of eight weeks and by super-imposing the same table on the succeeding eight-week periods on the calendar they can calculate their programme as far ahead as they choose, with the proviso that change of ward may put the sister or staff nurse on the different eight-week group.

The writer is strongly in favour of the 40-hour five day week for many classes of workers and is even more strongly convinced that the long hours formerly worked by nurses in hospital imposed great strain on their health. He might, therefore, be expected to be biased in favour of the 40-hour working week for nurses rather than opposed to it, and indeed he considers it infinitely superior to the old 64-hour week.

It should be remembered, however, that hospital nurses have no time occupied in travelling to and from their work, and that they have no domestic duties to perform outside of their official hours on duty. A 48-hour working week for hospital nurses would, therefore, leave them almost as much leisure time in hours per week as the 40-hour week provides for some other classes of workers; a 48-hour working week would not, of course, permit of two whole days off duty in each week.

The subject should be considered separately for the probationer nurses who, in addition to their ward work, have to attend lectures and tutorial classes and have to do a reasonable amount of study, and for the trained staff, ward sisters and staff nurses, who have only their ward work to attend to.

The probationer nurses in Kendray during 1936 worked 40-hours on duty in the wards each week and by the time they had attended their lectures and tutorial classes had really a 48-hour working week. It would be more in keeping with the traditions of the nursing profession if they had an official 48-hour working week and had eight hours off ward duty each week for lectures and tutorial classes.

The sisters and staff nurses worked 40-hours each week in the wards and had no other time taken up with official duties. The writer understands that the 40-hour week causes a strong feeling of dis-satisfaction amongst the ward sisters who feel that they are not long enough in their wards to ensure adequate supervision of the nursing of the patients. Only a doctor with prolonged hospital experience can realise how much the standard of nursing of patients depends upon the devoted supervision of the ward sisters. After actual observation of the 40-hour working week for hospital nurses, the writer believes that it does prevent the ward sisters and staff nurses from carrying out their duties with complete efficiency, and that it causes definite deterioration in the nursing care given to the patients in a hospital where three fourths of the nursing staff

are probationers who require constant supervision by trained ward sisters and staff nurses. He suggests that a 48-hour nursing week would lead to improvement in the standard of nursing and would give the nursing staff abundant leisure time, particularly as their holidays, with pay and subsistence allowance provided, are reasonably long and are superior to the holidays allowed for most other workers who have been given a 40-hour working week. As a doctor, the writer feels that both nurses and doctors, whose work though often arduous and unpleasant, is more varied and more free from monotony than that of most other people, should work longer hours than other workers. He suggests that a 48-hour working week for nurses is a reasonable compromise between their former excessively long hours of duty and the 40-hour week justly demanded for many other forms of employment.

The 48-hour working week could be arranged on an eight week basis on the same lines as those shown above. Nurses do not object to working a reasonable number of hours each week. They do resent strongly not knowing more than a day or two ahead when they will be off duty.

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Section X.

INFECTIOUS DISEASES.

Section X.

INFECTIOUS DISEASES.

NOTIFIABLE DISEASES (excluding Tuberculosis).

The following Tables show the incidence of notifiable diseases in the Borough during 1936 :—

TABLE 53.

Age and Ward Distribution of Infectious Diseases notified during 1936 (excluding Tuberculosis.)

Notifiable Disease.	No. of Cases Notified in Barnsley during 1936.								Total Cases in each Ward.								Removed to Hospital	
	At all Ages.	Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 years and upwards.	North Ward.	South Ward.	East Ward.	West Ward.	South-East Ward.	South-West Ward.	General Ward	Ardsley Ward.		Monk Breton Ward.
Pneumonia	112	9	23	31	14	16	15	4	3	4	7	15	12	8	7	19	37	...
Scarlet Fever	288	...	59	140	24	14	1	...	24	8	18	23	21	21	9	48	66	222
Diphtheria	165	...	43	101	18	3	...	...	12	7	5	8	20	6	5	39	63	163
Enteric Fever	3	...	...	1	...	1	1	...	3	...	...	...	...	...	...	...	...	1
Puerperal Fever	8	...	...	...	1	7	...	...	3	...	...	1	...	1	1	1	1	8
Puerperal Pyrexia	6	...	...	...	2	4	...	...	1	...	1	1	...	...	...	...	3	3
Erysipelas	51	2	...	2	2	17	21	7	2	4	4	6	7	7	4	6	11	6
Ophthalmia Neonatorum	19	19	...	...	...	...	...	...	1	2	3	1	1	1	2	...	8	1
Cerebro-Spinal Meningitis	3	...	1	2	...	...	...	...	...	...	...	...	...	1	...	...	2	3
Poliomyelitis	2	...	...	2	...	...	...	...	...	...	...	1	...	1	...	...	...	...
Encephalitis Lethargica	1	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1
TOTALS	608	30	126	279	61	62	39	11	49	25	38	57	61	46	28	118	191	408

NOTICE TO READERS

Published by the American Society for the History of Mathematics

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499	500	501	502	503	504
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511	512	513	514	515	516
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523	524	525	526	527	528
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565	566	567	568	569	570
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577	578	579	580	581	582
583	584	585	586	587	588
589	590	591	592	593	594
595	596	597	598	599	600
601	602	603	604	605	606
607	608	609	610	611	612
613	614	615	616	617	618
619	620	621	622	623	624
625	626	627	628	629	630
631	632	633	634	635	636
637	638	639	640	641	642
643	644	645	646	647	648
649	650	651	652	653	654
655	656	657	658	659	660
661	662	663	664	665	666
667	668	669	670	671	672
673	674	675	676	677	678
679	680	681	682	683	684
685	686	687	688	689	690
691	692	693	694	695	696
697	698	699	700	701	702
703	704	705	706	707	708
709	710	711	712	713	714
715	716	717	718	719	720
721	722	723	724	725	726
727	728	729	730	731	732
733	734	735	736	737	738
739	740	741	742	743	744
745	746	747	748	749	750
751	752	753	754	755	756
757	758	759	760	761	762
763	764	765	766	767	768
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775	776	777	778	779	780
781	782	783	784	785	786
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793	794	795	796	797	798
799	800	801	802	803	804
805	806	807	808	809	810
811	812	813	814	815	816
817	818	819	820	821	822
823	824	825	826	827	828
829	830	831	832	833	834
835	836	837	838	839	840
841	842	843	844	845	846
847	848	849	850	851	852
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865	866	867	868	869	870
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895	896	897	898	899	900
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913	914	915	916	917	918
919	920	921	922	923	924
925	926	927	928	929	930
931	932	933	934	935	936
937	938	939	940	941	942
943	944	945	946	947	948
949	950	951	952	953	954
955	956	957	958	959	960
961	962	963	964	965	966
967	968	969	970	971	972
973	974	975	976	977	978
979	980	981	982	983	984
985	986	987	988	989	990
991	992	993	994	995	996
997	998	999	1000	1001	1002

TABLE 54.
 Notifiable Infectious Diseases (excluding Tuberculosis)—
 Table shewing monthly Prevalence during 1936.

Notifiable Disease.	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Pneumonia ...	14	8	27	15	7	4	7	5	8	5	6	6	112
Scarlet Fever ...	40	32	28	22	21	15	23	11	10	11	11	14	238
Diphtheria ...	17	11	19	35	8	9	8	5	13	14	19	7	165
Enteric Fever ...	...	...	...	1	...	...	...	...	2	...	...	...	3
Puerperal Fever ...	2	...	2	1	1	...	...	...	...	2	...	...	8
Puerperal Pyrexia ...	1	...	...	1	...	1	1	...	...	1	...	1	6
Erysipelas ...	3	5	3	3	2	8	2	5	4	7	2	7	51
Ophthalmia Neonatorum	1	2	1	2	2	2	...	1	1	2	1	4	19
Encephalitis Lethargica	...	...	...	...	...	...	...	...	...	...	...	1	1
Poliomyelitis ...	...	1	...	...	...	...	...	...	1	...	...	...	2
Cerebro-Spinal Fever ...	...	1	...	2	...	...	...	...	...	...	...	...	3
Total ..	78	60	80	82	41	39	41	27	39	42	39	40	608

TABLE 55

SUMMARY OF NOTIFIABLE DISEASES.

Disease.	Total Cases Notified.	Cases admitted to Hospital	Total Deaths
Pneumonia	112	...	58
Scarlet Fever	238	222	1
Diphtheria	165	163	9
Enteric Fever	3	1	...
Puerperal Fever	8	8	...
„ Pyrexia	6	3	...
Erysipelas	51	6	...
Ophthalmia Neonatorum	19	1	...
Cerebro-Spinal Meningitis	3	3	1
Poliomyelitis	2	...	...
Encephalitis Lethargica	1	1	1
Tuberculosis—			
Pulmonary— M. 46, F. 44	90	...	40
Non-Pulmonary—M. 43, F. 46	89	...	2
Totals	787	408	112

TABLE 56.

Comparative Statement of Notifiable Infectious Diseases,
1931-36

Disease	1931	1932	1933	1934	1935	1936
Pneumonia	190	155	219	144	226	112
Scarlet Fever	136	376	195	244	346	238
Diphtheria	49	77	145	200	100	165
Enteric Fever	3	1	2	...	1	3
Puerperal Fever	12	10	11	9	14	8
Puerperal Pyrexia	14	9	8	13	12	6
Erysipelas	49	59	46	54	57	51
Ophthalmia Neonatorum... ..	8	21	12	18	23	19
Cerebro-Spinal Meningitis	89	34	23	7	3	3
Poliomyelitis	2	...	1	2	1	2
Encephalitis Lethargica... ..	5	...	2	1	...	1
Smallpox	4	...	...	...	...	...
Dysentery ... ..	..	...	...	...	1	...
Total	561	742	664	692	784	608

Section XI.

TUBERCULOSIS.

SANATORIUM (HOUSE SUB-COMMITTEE.

Chairman — Alderman E. Sheerien, J.P.

Vice-Chairman — Alderman J. Walton.

His Worship the Mayor—

Alderman J. Jones, J.P., C.B.E.

Alderman D. Allott.

Alderman S. Trueman.

Mrs. Holderness

Mrs. Henry.

Alderman T. Lang, J.P.

Councillor J. G. E. Rideal,

Mrs. Mills

Mrs. Rideal

Mrs. Ruckledge.

SECTION XI.

TREATMENT OF TUBERCULOSIS.

Progress in the prevention of tuberculosis continues ; during 1936, 97 cases of pulmonary tuberculosis were notified as compared with 115 cases notified in 1924 and 40 deaths occurred from pulmonary tuberculosis as compared with 67 deaths from pulmonary tuberculosis in Barnsley in 1924.

It is impossible to assess exactly the relative share in this improvement due to the work of the Sanatorium and Tuberculosis Dispensary and that due to the improvement in housing conditions and in the standard of nutrition during the present century. All have played their part and it may be worth while to re-consider whether we are now getting the best value for expenditure on these various items.

The Tuberculosis Dispensary and the Sanatorium together cost Barnsley £8,000 per annum, equivalent to the capital value of about twenty-five new Council houses per annum. One would not seriously suggest that the expenditure on the Tuberculosis Dispensary and the Sanatorium should be replaced entirely by increased expenditure on housing for tuberculous patients and their families, but there is something worth considering in this idea.

As a result of the combined forces operating against the spread of tuberculosis the annual number of new cases of tuberculosis has fallen considerably and it is only reasonable to expect that the cost of the Tuberculosis Dispensary and the Sanatorium should begin to show a diminution in the near future and that it should be possible to divert some of this cost into other and possibly more effective channels, e.g., the provision of rent free or low rented houses for certain cases of tuberculosis. Sanatoria have taught the value of a physiological open air life not only for consumptives but for normal people ; we now know that given good housing conditions many consumptives, having been taught sanatorium methods, can do perfectly well at home. The Papworth Village Settlement and others have taught that given good housing conditions and freedom from economic worry many consumptives can support and live with their families without danger of infection of the latter. The writer suggests that if medical officers and

the general public have learned these lessons taught by sanatoria and village settlements it might be more economical and more efficient to spend less on sanatoria and tuberculosis dispensaries and more on the provision of rent free or low rented houses for certain consumptives and their families.

TUBERCULOSIS DISPENSARY.

The x-ray apparatus at this Dispensary is antiquated and the premises themselves are inconvenient and expensive in up-keep but have the advantage of a fairly central position. It will be advisable eventually on grounds of both economy and efficiency to develop the Tuberculosis Dispensary in a new department at the St. Helen Hospital and to have that hospital provided with an efficient centralized X-ray department serving the hospital itself, the tuberculosis dispensary and the school and maternity and child welfare medical services.

The Venereal Diseases Clinic, which at present is situated in the same building as the Tuberculosis Dispensary could also be transferred to a new department at the St. Helen Hospital with even more marked improvement in economy and efficiency than the Tuberculosis Dispensary.

It is anticipated that the Tuberculosis Officer will be the Consultant Physician for diseases of the chest at the St. Helen Hospital. In addition to the Nurse who is in charge of the X-ray apparatus at the Dispensary and who spends all her working time at the Dispensary there are two whole-time visiting Tuberculosis Nurses, much of whose work, of necessity, overlaps with that of the Health Visitors. It should be envisaged that ultimately tuberculosis health visiting might be a part of the general duties of the Health Visitors; it appears anomalous that with the diminution in tuberculosis three whole-time Nurses should be employed in connection with the Tuberculosis Dispensary in a County Borough employing only ten Nurses for all the Maternity and Child Welfare and School Medical nursing services. It is suggested that as vacancies occur in the complement of Tuberculosis Nurses they might be filled by qualified Health Visitors who would be able to carry out general duties in health visiting and school medical work in addition to what should be the diminishing amount of work required from the Tuberculosis Nurses.

MOUNT VERNON SANATORIUM.

Dr. Walker, the Tuberculosis Officer, in his report gives a description of the advantages of the small local Mount Vernon Sanatorium.

The Medical Officer of Health concurs for the most part with Dr. Walker's description of these advantages but offers the following comments to assist the Council in forming a long term policy with regard to the Sanatorium.

Tuberculosis is a preventable disease ; it is being prevented in greater and greater degree and the number of cases of tuberculosis should definitely continue to diminish if public health authorities carry out their duties. The number of tuberculosis beds required for Barnsley ought to diminish considerably in the next ten or twenty years and, in view of that fact, the Medical Officer of Health suggests that it is inadvisable to incur major capital expenditure on Mount Vernon Sanatorium. He is for the most part in agreement with the opinion of the Tuberculosis Officer that at present the advantages of the small Mount Vernon Sanatorium as outlined by the Tuberculosis Officer outweigh the disadvantages inherent in such a small Sanatorium, in particular, the disadvantage that certain of the modern methods of treatment of tuberculosis can only be carried out in large Sanatoria possessing special equipment and specialist surgical staff. The Medical Officer of Health feels that within ten or twenty years it will not be advisable for Barnsley County Borough to maintain its own small Sanatorium. Ultimately a preferable alternative will be to provide a small Tuberculosis Block, perhaps of 20 beds, at the St. Helen Municipal General Hospital, where the Tuberculosis Officer can carry out observation of early suspected cases and treatment of other cases which require hospital but not sanatorium treatment, and to make arrangement for Barnsley cases requiring sanatorium treatment to go to a larger sanatorium possessing the advantages of ideal site and of the facilities of an up-to-date sanatorium.

Bearing these possibilities in mind, the Medical Officer of Health advocates that no major capital expenditure be incurred at the Mount Vernon Sanatorium and that the Corporation X-ray services should be centralized at the St. Helen Municipal Hospital.

In the 1935 Annual Report, Dr. C. F. Walker, the Tuberculosis Officer, gave a very full description of the organisation of the Tuberculosis Dispensary and the Mount Vernon Sanatorium.

In the 1936 report, therefore, he confines his statement mainly to the official tables of statistics referring to the work of his department for the year plus a considered statement of the advantages of the small local sanatorium at Mount Vernon.

TREATMENT OF TUBERCULOSIS.

The following is the report of Dr. C. F. Walker, on the work of the Tuberculosis Dispensary and Mount Vernon Sanatorium:—

“In a previous report attention was called to the advantage of unifying the various activities of the Tuberculosis Scheme .

In Barnsley, the Clinical Tuberculosis Officer is responsible for the work of :—

- (1). **The Tuberculosis Dispensary**, mainly concerned with diagnosis and after-care, with its ancillary **X-ray Department**.
- (2). **The Sun-ray Department** (in the same building) for treatment with ultra-violet rays.
- (3). **Mount Vernon Sanatorium**, which receives all Barnsley patients selected by him for Sanatorium treatment.
- (4). Selection of children infected with Tuberculosis for the fifty places reserved for them at the **Open-Air School**, and their medical supervision during the period of attendance there.

Previous reports have been fully descriptive as to details of organisation and equipment of the Dispensary, Sun-ray Centre and Sanatorium. It is not proposed in the present report to repeat these details, but to briefly review the work done during the year and draw attention to certain points of outstanding interest.

Attached to this report are certain statistical tables giving full details :—

- (a) As to patients dealt with at the Dispensary (See Table 65.
- (b) As to patients treated in the Sun-ray department (see Tables 58-63)
- (c) As to Residential treatment (see Table 65).

The Dispensary in Queen's Road is advantageously central, a very important matter to facilitate attendance of patients; now that the new housing estates have extended the area of the Borough many have to travel several miles to attend. Further, the situation is relatively quiet—most essential for stethoscopic examinations—as Queen's Road is not a main thoroughfare. In fact, it would be difficult to find a better site, from the point of view of the clinical work.

Attendances—a record, at 2,924 for the year—show that good use is being made of the Dispensary services.

Consultations with doctors, at 591, are fully maintained, showing the close co-operation of the local medical profession with the Clinical Tuberculosis Officer, so essential for the successful working of any tuberculosis scheme. A special feature has been the number of patients referred for consultative examination, by the Medical Officers of the School and Maternity and Child Welfare Clinics, whose help in this respect has been invaluable.

X-ray Examinations at 432, exceed the total of new cases and contacts examined. The Clinical Tuberculosis Officer, who has examined the chest, himself makes the x-ray examination—a big advantage for diagnosis, as he can compare his findings at the two examinations.

The x-ray apparatus, being at the Dispensary itself, is very convenient when a doctor brings an urgent consultation case along, and is anxious for an immediate opinion.

The apparatus itself is, unfortunately, 11 years old, and of very low power, so that the quick exposures, essential for sharp chest pictures, are impossible. A new apparatus, specially designed for chest work, would be of far more help in

diagnosis of difficult cases; and would, to some extent, be an economy by enabling an immediate diagnosis to be arrived at, and thus perhaps making unnecessary a period of observation at the Sanatorium. Such an apparatus is an urgent need.

It is satisfactory that the trend towards earlier diagnosis, referred to in last year's report, continues. ("Early" cases are those of "non-pulmonary" tuberculosis, and of pulmonary tuberculosis without tubercle bacilli in sputum; "non-early" those where bacilli have been found in the sputum, and whose mortality is definitely higher).

The following Table compares the triennium, 1931-1933, with the period 1934-1936, and shows a striking increase in the proportion of "early" cases as compared with the "T.B. plus" or "non-early" category:—

TABLE 57.

	Total New Cases Diagnosed	Early Cases	Per Cent.	Tb. plus Cases Non-early	Per Cent.
1931—1933	434	303	70	131	30
1934—1936	478	395	82	83	18

This is definitely encouraging.

Sun-ray Department

The work of this section was well maintained, 246 patients, of whom 135 were tubercular, receiving a total of 6,880 treatments. Really outstanding recoveries were shown in the cases treated for Rickets and Alopecia, but there was gratifying improvement in almost all the children, both tubercular and non-tubercular. A remarkable feature of many cases was the great "up-lift" in intelligence, general alertness and personality—very gratifying to parents and friends.

It is, indeed, a wise provision which has co-ordinated the work of the Sun-ray department with the Tuberculosis Dispensary, by placing it in charge of the Clinical Tuberculosis Officer. Not only is this pre-eminently the treatment for non-pulmonary

tuberculosis in children, it is also valuable as a preventive measure in weakly children of tubercular parents, whose resistance is thus built up, while they attend the centre and remain under medical observation. All cases referred for Light treatment are subject to routine examination by the Clinical Tuberculosis Officer, and thereby numbers of children have been found to show evidence of tuberculosis, which might not have been suspected otherwise, the child being thought to be suffering from "Anæmia" or "debility."

Mount Vernon Sanatorium

This is the Council's own Institution, and here all cases needing residential treatment (apart from a few requiring special orthopædic measures) were received under the care of the Clinical Tuberculosis Officer, who is also the Resident Medical Superintendent at the Sanatorium. This arrangement has notable advantages: patients agree more readily to enter a Sanatorium when they know they will not be under the care of a stranger, but of a medical man who has already gained their confidence by fully investigating their case, and who has personally acquainted himself with the home conditions and with the health of the other members of the family. With him the patient is ready to discuss any home worries that may arise; if these are financial the hasty departure of the patient is often averted by a timely word with the officials of the Public Assistance, Unemployment Assistance or Housing Committees, with whom the Clinical Tuberculosis Officer is naturally in close touch. Where the patient is under the care of a stranger, the worried one too often hesitates to seek his advice, which in any case would not have the same weight as the home conditions are not personally known to him; nor indeed has he the same interest as the patient's own Tuberculosis Officer would have in endeavouring to persuade him to stay. Hence, perhaps, a hasty and unfortunate decision to clear out and make for home, which might have been averted by one who took more interest in the patient's difficulties. There is too an obvious advantage in the continuity of treatment which obtains when the patient throughout his illness remains under the care of one and the same medical officer, who has personal knowledge of his home and working conditions, and who after discharge is in the best position to provide medical supervision and guidance in as such, as he is fully acquainted with any relapses, or peculiarities in response to treatment which may have occurred under his care at the Sanatorium.

Mount Vernon has remarkable advantages of site, which make it exceptionally favourable for the treatment of tubercular patients; in fact, the more one sees of other Sanatoria less fortunately situated, the more one marvels at the foresight of the pioneers who secured this site for the benefit of Barnsley patients needing open-air treatment more than 20 years ago. Sanatoria in the western half of England are definitely handicapped by the moist winds blowing in from the Atlantic, which tend to aggravate the condition of the consumptive, by markedly increasing cough and expectoration. Where a low-lying position has been chosen for shelter, the effect is damp and depressing, while an unsuitable retentive clay soil makes matters worse. Such sanatoria exist to-day: they are death-traps for the average consumptive with the usual mixed infection.

The high ground of the Pennines, and of the Welsh mountains is cold, and, therefore, condenses in the form of rain much of the moisture of the west winds blowing off the Gulf Stream. Hence the smaller rainfall of the eastern side of England. To this advantage, Mount Vernon adds a light sandy soil, which is never water-logged, ideal too, for the graduated work of tubercular patients because it is so easy to work.

The situation of Mount Vernon, on a 600 feet ridge facing the high moorlands of the Peak and their exhilarating breezes, affords a panoramic outlook which is a grand mental tonic in itself. There is a remarkable absence of smoke-pollution in the atmosphere owing to the high altitude and to the fact that the prevailing winds blow off open moorland to the west and south-west. Furthermore, the west-to-east trend of the ridge deflects these air currents, so that any smoke from houses at a lower level is swept away down the valley and does not rise to the level of the Sanatorium. Across this valley, with its picturesque sheet of water, the eye rests on green fields and wooded slopes, rising gradually to the moors on the far-away skyline.

On the south-west side of the grounds, there is an attractive belt of woodland and shrubbery which forms a screen, without unduly obstructing the view, while high walls to the north and east afford shelter and privacy. Within these boundaries we have smooth lawns dotted with fine old trees, flower beds and many flowering shrubs; the fruit trees, bordering the walks make a good show in blossom-time. These well-planned and beautifully kept grounds, with their restful accompaniment of bird song, afford ideal surroundings for the recuperation of the sick and ailing, especially when they come

from drab and dingy streets. Again and again I have noted the uplifting effect of these beautiful surroundings on the mental outlook of patients who are very ill on arrival, and convinced myself that here we have a notable factor in promoting recovery. Comparison with other Sanatoria, with which I am acquainted, has convinced me that Barnsley is indeed fortunate in possessing such an ideal site for the open-air treatment of those stricken with tuberculosis.

Full use is being made of the accommodation at Mount Vernon, and the 52 beds were full during the greater part of the year, the average in residence being 51. Of 117 patients discharged (or died) 85 were pulmonary cases, 22 non-pulmonary and 10 observation. Fully one fourth of the total were Stage II and III positive cases; the institution has a hospital block of 25 beds, so that it is a Sanatorium-Hospital. This is the ideal type of tuberculosis institution, inasmuch as the advanced cases are encouraged by seeing those around them progressing towards recovery. In dealing with tuberculous people one must always remember the importance of the mental outlook. To my mind, the segregation of advanced cases by themselves is inhuman, as it is so depressing for them.

At Mount Vernon we have been very successful in persuading advanced cases to remain for long periods, thereby lessening the risk of disease spreading to other members of the family. This Sanatorium has the advantage of being so near the patients' homes that their relatives can come and see them on visiting days: thus many are persuaded to enter for treatment, who would refuse to go to a Sanatorium far away, where they could not see their friends, or if they went, would not settle for long.

Absolute rest, when disease is active; for convalescents graduated exercise medically ordered; and in a few selected cases injections of colossal calcium with Vitamin D—these have been the main lines of treatment. One case of tuberculosis of the foot benefitted by injections of Solganal B—a sanocrysin preparation.

Needed extensions are:—a treatment room for Artificial Pneumothorax work, sun-ray, etc., a hot cupboard for mattresses and linen; also drying rooms for patients' outer clothing; and lastly, provision of radiators in those rooms of the hospital block not so equipped.

C. FERGUSON WALKER,

Clinical Tuberculosis Officer."

TABLE 58
 ULTRA VIOLET LIGHT TREATMENT CENTRE, QUEEN'S ROAD.
 ADULTS. TUBERCULAR PATIENTS.

Suffering from	Cases on Books 31/12/35.	New Cases, 1936.	Total Cases Treated.	Total Treatments.	Discharged.		Failed to continue.	Still under Treatment 31/12/36.
					Im-proved.	Not Im-proved.		
T.B. Joints—N.P. 1 ...	1	1	2	89	1	1	...	...
Abdominal Glands—N.P. 2 ...	...	2	2	54	1	...	...	1
Lupus N.P. 3 ...	8	1	9	300	4	...	1	4
Adenitis N.P. 4 ...	2	3	5	131	3	...	...	2
Totals ...	11	7	18	524	9	1	1	7

TABLE 59
 ULTRA VIOLET LIGHT TREATMENT CENTRE, QUEEN'S ROAD,
 ADULTS. NON-TUBERCULAR PATIENTS.

Suffering from	Cases on Books 31/12/35.	New Cases, 1936.	Total Cases Treated.	Total Treatments.	Discharged.		Failed to continue.	Still under Treatment 31/12/36.
					Im-proved.	Not Im-proved.		
Alopecia ...	1	1	2	52	1	...	1	...
Rheumatism ...	...	2	2	84	1	1	...	...
Blepharitis ...	...	1	1	14	1	...	...	...
Debility ...	...	1	1	10	...	1	...	...
Anæmia ...	...	1	1	24	...	...	...	1
Totals ...	1	6	7	184	8	2	1	1

TABLE 60.
 ULTRA VIOLET LIGHT TREATMENT CENTRE, QUEEN'S ROAD.
 CHILDREN UNDER SCHOOL AGE.

Suffering from	Cases on Books 31/12/35.	New Cases, 1936.	Total Cases Treated.	Total Treatments.	Discharged.		Failed to continue.	Still under Treatment 31/12/36.
					Im-proved.	Not Im-proved.		
NON-TUBERCULAR—								
Debility ...	12	18	30	719	16	2	6	6
Rickets ...	10	12	22	468	13	1	3	5
Bronchitis ...	1	2	3	59	1	...	...	2
Adenitis (Non T.B.) ...	1	1	2	42	2	...	...	...
Anæmia ...	1	...	1	10	1	...	...	...
Blepharitis ...	...	2	2	28	...	...	...	2
Pulmonary Catarrh ...	...	1	1	50	...	...	...	1
TUBERCULAR—								
Abdominal Glands—N.P. 2 ...	3	5	8	176	4	1	...	3
Totals ...	28	41	69	1552	37	4	9	19

TABLE 61.
 ULTRA VIOLET LIGHT TREATMENT CENTRE, QUEEN'S ROAD,
 TUBERCULAR SCHOOL CHILDREN.

Suffering from	Cases on Books 31/12/35	New Cases 1936	Total Cases Treated	Total Treatments	Discharged		Failed to continue	Still under Treatment 31/12/36
					Im-proved	Not Im-proved		
Abdominal Glands N.P.2 ...	37	60	97	2928	55	5	2	35
Neck Glands N.P.4 ...	3	7	10	432	7	1	...	2
Tubercular Joints N.P.1 ...	1	...	1	14	1	...	...	...
Pulmonary Tuberculosis ...	...	1	1	7	...	...	...	1
Total ...	41	68	109	3376	63	6	2	38

TABLE 62
 ULTRA VIOLET LIGHT TREATMENT CENTRE, QUEEN'S ROAD,
 NON-TUBERCULAR SCHOOL CHILDREN.

Suffering from	Cases on Books 31/12/35	New Cases 1936	Total Cases Treated	Total Treatments	Discharged		Failed to continue	Still under Treatment 31/12/36
					Im-proved	Not Im-proved		
Debility	11	18	29	826	14	1	1	18
Paresis	...	1	1	16	...	1	...	...
Bronchitis	2	...	2	77	2	...	...	...
Blepharitis	...	2	2	88	1	1	...	...
Alopecia	1	4	5	140	2	...	...	3
Adenitis	1	1	2	64	2	...	...	...
Psoriasis	1	...	1	19	1	...	...	...
Anæmia	...	1	1	69	1	...	...	...
Total	16	27	48	1294	28	3	1	16

TABLE 63.
 ULTRA VIOLET LIGHT TREATMENT CENTRE, QUEEN'S ROAD.
 SUMMARY OF ALL CASES TREATED DURING 1936.

	Cases on Books, 31/12/35.	New Cases	Total Cases Treated.	Total Treatments.	Discharged.		Failed to continue	Under Treatment 31/12/36
					Im-proved.	Not Im-proved.		
Table 58. Adults (Tubercular) ...	11	7	18	524	9	1	1	7
Table 59. Adults (Non-Tubercular) ...	1	6	7	134	3	2	1	1
Table 60. Infants (Non-Tubercular) ...	25	36	61	1376	38	3	9	16
Infants (Tubercular) ...	3	5	8	176	4	1	...	3
Table 61. School Children (Tubercular) ...	41	68	109	3376	63	6	2	38
Table 62. School Children (Non-Tubercular) ...	16	27	43	1294	23	3	1	16
Grand Totals ...	97	149	246	6880	135	16	14	81

№	Имя (Фамилия)	Дата рождения	Дата смерти	Семейное положение		Служба		Образование		Примечание
				Состояние	Семейство	Служба	Служба	Образование	Образование	
1	Иванов Иван Иванович	1880	1940	Женат	3 детей	Служил	Служил	Среднее	Среднее	
2	Петров Петр Петрович	1885	1945	Женат	2 детей	Служил	Служил	Среднее	Среднее	
3	Сидоров Сидор Сидорович	1890	1950	Женат	4 детей	Служил	Служил	Среднее	Среднее	
4	Климов Клим Климович	1895	1955	Женат	3 детей	Служил	Служил	Среднее	Среднее	
5	Васильев Василий Васильевич	1900	1960	Женат	2 детей	Служил	Служил	Среднее	Среднее	

Семейный список граждан Российской Федерации, проживающих в населенном пункте [название населенного пункта] на [дата].

TABLE 64.
PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

PART I. Summary of Notifications during the period from the 1st January, 1936, to the 31st December, 1936.

Age Periods	Formal Notifications.												Total Notifications
	Number of Primary Notifications of new cases of Tuberculosis.											Total (all ages)	
	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.		
Pulmonary Males	4	11	...	6	7	6	5	4	3	46	48
„ Females	7	1	7	4	16	5	1	2	1	44	44
Non-Pulmonary Males	...	6	22	12	...	...	2	...	...	...	...	42	48
„ Females	...	7	20	11	6	...	1	...	...	...	...	45	46

SUPPLEMENTAL RETURN.

PART II. New Cases of Tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification.

Age Periods	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Cases.
Pulmonary Males	1	...	...	1
„ Females
Non-Pulmonary Males	...	1	...	...	...	...	...	...	...	...	...	1
„ Females

The source or sources from which information as to the above-mentioned cases was obtained should be stated below:—

Source of Information.	No. of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns { from local Registrars	1	...
„ { transferable deaths from Registrar General	...	1
Posthumous notifications
“Transfers” from other areas (other than transferable deaths)
Other Sources if any (specify)

TABLE 64. (continued).

PART III. NOTIFICATION REGISTER.

	PULMONARY.			NON-PULMONARY.			Total Cases.
	Males.	Females.	Total.	Males.	Females.	Total.	
	186	143	279	212	200	412		691
Number of Cases of Tuberculosis remaining at the 31st Dec., 1936, on the Registers of Notifications kept by the Medical Officer of Health of the County Borough.							
Number of Cases removed from the Register(s) during the year by reason <i>inter alia</i> of:—							
1. Withdrawal of Notification	5	...	5	1	2	3	8
2. Recovery from the disease.....	20	14	34	14	12	26	60
3. Death.....	83	12	45	1	2	3	48

TABLE 65.
TREATMENT OF TUBERCULOSIS — BARNSELEY.
Return showing the work of the Dispensary (or Dispensaries) during the year 1936.

Diagnosis.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A—New Cases examined during the year (excluding contacts):—													
(a) Definitely Tuberculous	22	26	8	9	2	4	28	22	24	30	86	31	121
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	2	1	1	...	4
(c) Non-Tuberculous	...	...	...	...	...	...	...	...	30	41	38	34	143
													268
B—Contracts examined during the year:													
(a) Definitely Tuberculous	5	2	3	2	...	1	7	12	5	3	10	14	32
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	...	1	...	...	1
(c) Non-Tuberculous	...	...	...	...	...	...	...	...	22	30	24	35	111
													144
C—Cases written off the Dispensary Register as:—													
(a) Recovered	9	8	4	7	3	...	10	12	12	8	14	19	54
(b) Non-Tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous)	...	...	...	...	...	...	...	...	...	54	72	67	265
													319
D—NUMBER OF CASES ON DISPENSARY REGISTER ON DECEMBER 31ST:—													
(a) Definitely Tuberculous	96	94	33	40	12	25	188	166	107	119	221	206	653
(b) Diagnosis not completed	...	...	...	...	...	...	...	...	2	2	1	...	5
													658

1. Number of Cases on Dispensary Register on January 1st	624	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	77
2. Number of cases transferred from other areas and cases returned after discharge under head 3 in previous years	5	9. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	3852
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of"	26	10. Number of— (a) Specimens of sputum, etc., examined (b) X-ray examinations made in connection with Dispensary work	168 432
4. Cases written off during the year as Dead (all causes)	39	11. Number of "Recovered" cases restored to Dispensary Register, and included in A (a) and A (b) above	1
5. Number of attendances at the Dispensary (including Contacts)	2924	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	82
6. Number of Insured Persons under Domiciliary Treatment on the 31st Dec.	29		
7. Number of consultations with medical practitioners.— (a) Personal (b) Other	134 557		

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council 1

Provided by Voluntary Bodies Nil

Year	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911
(a) Non-liquidations												
(b) Liquidations												
(c) Total												
(d) Total												
(e) Total												
(f) Total												
(g) Total												
(h) Total												
(i) Total												
(j) Total												
(k) Total												
(l) Total												
(m) Total												
(n) Total												
(o) Total												
(p) Total												
(q) Total												
(r) Total												
(s) Total												
(t) Total												
(u) Total												
(v) Total												
(w) Total												
(x) Total												
(y) Total												
(z) Total												

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TABLE OF CONTENTS

Number of beds available for the treatment of Tuberculosis
on the 31st December in Institutions belonging to the Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults	Children under 15.	Adults.	Children under 15.	
Mount Vernon Sanatorium ...	42	2	2	6	52
S. Helen Municipal Hospital	4	...	...	...	4

Return showing the extent of Residential Treatment and Observation during the year in Mount Vernon Sanatorium, approved for the treatment of Tuberculosis.

	In Institu- tions on Jan 1st.	Admitted during the year.	Disch'rg'd during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec 31st.
Number of doubtfully Tuberculous cases admitted for observation—					
Adults M ...	1	...	1	...	...
" F ..	...	3	3	...	...
Children ...	2	4	6	...	...
Total ...	3	7	10	...	...
Number of patients suffering from Pulmonary Tuberculosis—					
Adults M ...	18	42	27	11	22
" F ...	9	38	28	4	15
Children ...	...	15	15	...	...
Total ...	27	95	70	15	37
Number of patients suffering from Non - Pulmonary Tuberculosis—					
Adults M ...	2	1	2	...	1
" F ...	...	3	3	...	...
Children ...	8	29	22	...	15
Total ...	10	33	27	...	16
Grand Total ...	40	135	107	15	53

Return showing the results of observation of doubtfully tuberculous cases discharged during the year from Mount Vernon Sanatorium approved for the treatment of Tuberculosis.

Diagnosis on discharge from Observation.	For Pulmonary Tuberculosis				For Non-Pulmonary Tuberculosis.				Totals.		
	Stay under 4 weeks.		Stay over 4 weeks.		Stay under 4 weeks		Stay over 4 weeks		M.	F.	Ch.
	M.	F.	M.	F.	M.	F.	M.	F.				Ch.
Tuberculous	1	2	...	...	...	...	1	2
Non-Tuberculous	1	1	1	...	...	...	1	1	3
Doubtful	1	1	1
Totals	1	2	3	...	...	...	1	3	6

...the ... the ... of ...

...the ... the ... of ...

...the ... the ... of ...

...the ... the ... of ...

Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Mount Vernon Sanatorium approved for the treatment of Tuberculosis

Classification on admission to the Institution.	Condition at time of Discharge	Duration of Residential Treatment in the Institution.															Grand Totals.	
		Under 3 months			3-6 months.			6-12 months.			More than 12 months.			Totals.				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis.	Class T.B. Minus	Quiescent ...	6	5	6	6	4	6	...	...	1	2	2	...	14	11	13	38
		Not Quiescent ...	...	...	...	...	3	...	1	...	...	...	...	...	1	3	...	4
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 1	Quiescent ...	...	...	...	...	...	...	1	...	...	2	...	...	3	...	...	3
		Not Quiescent ...	...	4	...	...	1	...	...	...	...	...	...	...	...	5	...	5
		Died in Institution	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
	Class T.B. plus Group 2	Quiescent ...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1
		Not Quiescent ...	...	2	...	...	3	...	1	3	...	1	1	...	2	9	...	11
		Died in Institution	2	...	...	2	...	...	...	...	...	1	1	...	5	1	...	6
	Class T.B. plus Group 3	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not Quiescent ...	...	1	...	...	...	...	2	...	...	...	...	...	3	...	...	3
		Died in Institution	...	...	...	...	1	...	1	...	...	1	...	...	2	1	...	3
TOTALS (Pulmonary)		...	11	11	6	8	12	6	6	3	1	7	4	...	32	30	13	75
Non-Pulmonary Tuberculosis.	Bones and Joints	Quiescent ...	...	...	...	...	...	...	...	2	1	...	2	1	...	4	5	
		Not Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal	Quiescent ...	...	1	9	...	...	7	...	1	1	...	...	...	...	2	17	19
		Not Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other Organs.	Quiescent ...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1
		Not Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands.	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Not Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS (Non-Pulmonary)		...	...	1	9	1	...	7	...	1	3	1	...	2	2	2	21	25

Notes showing the results of
the various tests conducted
for the purpose of determining
the strength of the material

No.	Material	Test	Result
1	Steel	Tensile	45,000 lbs.
2	Steel	Compression	100,000 lbs.
3	Steel	Shear	30,000 lbs.
4	Steel	Bending	15,000 lbs.
5	Steel	Torsion	20,000 lbs.
6	Steel	Impact	50 ft. lbs.
7	Steel	Hardness	400 HB
8	Steel	Welding	Good
9	Steel	Corrosion	Good
10	Steel	Fatigue	10,000 cycles

RESEARCH LABORATORY

Return showing the extent of Residential Treatment and Observation during the year in St. Helen Hospital.

	In Institu- tions on Jan 1st.	Admitted during the year.	Disch'rg'd during the year.	Died in the Insti- tutions.	In Insti- tutions on Dec. 31st.
Number of doubtfully Tuberculous cases admitted for observation—					
Adults M ...	...	2	2	...	...
.. F ..	...	...	...	...	...
Children ...	...	...	...	...	...
Total ...	...	2	2	...	...
Number of patients suffering from Pulmonary Tuberculosis—					
Adults M ...	1	2	1	...	2
.. F ...	...	2	2	...	...
Children ...	..	..	...	...	...
Total ...	1	4	3	...	2
Number of patients suffering from Non - Pulmonary Tuberculosis—					
Adults M ..	...	...	...	...	...
.. F ...	...	...	...	...	...
Children ..	...	2	2	...	...
Total ...	...	2	2	...	...
Grand Total ...	1	8	7	...	2

Return showing the results of doubtfully tuberculous cases discharged during the year from St. Helen Hospital.

Diagnosis on discharge from Observation.	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Tuberculous	2	...	...	...	...	..	...	...	...	...	...	...	2	...	...
Doubtful ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals ..	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...

**Return showing the immediate results of treatment of definitely
tuberculous patients discharged during the year from St.
Helen Hospital,**

Classification on admission to the Institution.	Condition at time of Discharge.	Duration of Residential Treatment in the Institution.												Grand Totals.			
		Under 3 months			3-6 months.			6-12 months.			More than 12 months				Totals.		
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		M.	F.	Ch.
Pulmonary Tuberculosis.																	
Class T.B. plus Group 3	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ...	...	...	2	...	...	...	...	...	...	...	...	...	...	2	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS (Pulmonary)		...	...	2	...	...	...	...	...	...	...	...	...	2	...	2
Non-Pulmonary Tuberculosis.																	
Bones and Joints	Quiescent ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Not Quiescent ...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
TOTALS (Non-Pulmonary)		...	...	2	...	...	...	...	...	...	...	...	...	2	...	2

Department of Health
State of New York
Albany Hospital

No.	Name	Age	Sex	Color	Religion	Marital Status	Occupation	Address	Admitted	Discharged	Remarks
1	John Doe	45	M	W	R	M	Farmer	123 Main St, Albany	1/15/1910	2/10/1910	Recovered
2	Jane Smith	30	F	W	R	M	Housewife	456 Elm St, Albany	1/20/1910	2/15/1910	Recovered
3	Robert Johnson	55	M	W	R	M	Teacher	789 Oak St, Albany	1/25/1910	3/5/1910	Recovered
4	Elizabeth Brown	60	F	W	R	M	Widow	101 Pine St, Albany	2/1/1910	2/20/1910	Recovered
5	William White	25	M	W	R	M	Student	234 Cedar St, Albany	2/5/1910	2/18/1910	Recovered
6	Anna Green	40	F	W	R	M	Teacher	567 Birch St, Albany	2/10/1910	2/25/1910	Recovered
7	Charles Black	35	M	W	R	M	Merchant	890 Spruce St, Albany	2/15/1910	3/1/1910	Recovered
8	Mary Gray	50	F	W	R	M	Widow	1122 Ash St, Albany	2/20/1910	3/10/1910	Recovered
9	Thomas King	20	M	W	R	M	Student	1345 Elm St, Albany	2/25/1910	3/15/1910	Recovered
10	Sarah Lee	35	F	W	R	M	Housewife	1567 Oak St, Albany	3/1/1910	3/20/1910	Recovered

TABLE 67.

TUBERCULOSIS SCHEME of the Barnsley County Borough Council.
PULMONARY TUBERCULOSIS,

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

(a) Remaining on Dispensary Register on 31st December.	Condition at the time of the last record made during the year to which the Return relates.	Chil-dren.	Adults.	M.	F.	1932.					1933.					1934.					1935.					1936.				
						Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. minus.	Class T.B. plus.				Class T.B. Minus.	Class T.B. Plus.			
							Group 1	Group 2	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. Plus).
Disease arrested.	Chil-dren.	Adults.	M.	F.	..	4	..	2	..	2	10	..	..	..	..	9	..	1	..	1	..	..	..	..	..	..	..	..	..	..
						1	2	..	..	2	5	..	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Disease not arrested.	Chil-dren.	Adults.	M.	F.	..	9	..	..	..	..	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
						2	1	1	1	3	..	..	1	..	1	1	2	1	1	4	7	2	2	..	4	17	1	4	1	6
Disease not arrested.	Chil-dren.	Adults.	M.	F.	..	1	..	4	..	4	..	..	6	..	6	3	4	1	..	5	4	1	2	..	3	13	3	5	3	11
						3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	13	..	..	..	..	23	..	..	..	..
CONDITION NOT ASCERTAINED DURING THE YEAR..						4	1	..	..	1	..	..	1	..	1	3	2	..	..	2	..	1	1	..	2	..	..	..	..	..
TOTAL ON DISPENSARY REGISTER AT 31ST DECEMBER ..						24	4	7	1	12	18	..	8	..	8	22	8	3	1	12	24	4	5	..	9	53	4	9	4	17
(b) Not now on Dispensary Register and reasons for removal therefrom	Discharged as Recovered.	Chil-dren.	Adults.	M.	F.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					
LOST SIGHT OF OR OTHERWISE REMOVED FROM DISPENSARY REGISTER ..						16	2	2	..	4	10	2	1	..	3	4	1	4	1	6	1	..	..	1	1	..	..	..	..	..
DEAD.	Chil-dren.	Adults.	M.	F.	..	4	3	12	5	20	3	2	9	6	17	3	2	6	3	11	2	..	4	3	7	2	..	..	6	6
						2	1	7	5	13	3	2	6	3	11	..	1	2	4	7	..	..	..	3	3	1	..	1	3	4
TOTAL WRITTEN OFF DISPENSARY REGISTER ..						22	6	21	11	38	16	6	16	9	31	7	4	12	8	24	3	..	4	7	11	3	..	1	9	10
GRAND TOTALS ..						46	10	28	12	50	34	6	24	9	39	29	12	15	9	36	27	4	9	7	20	56	4	10	13	27

1 child and 1 man
Tb.-transferred to
plus 2.
1 woman Tb.-
transferred in

1 woman Tb.-
transferred to
plus 2

1 man Tb.-
transferred from
N.P.3.

Transfers in :—
1 man, plus 2 : 1 man
plus 3 : 2 men : 1
woman : 1 child.
Tb. were obs. 1935

TABLE 68.
NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register.

Condition at the time of the last record made during the year to which the Return relates.			1932.					1933.					1934.					1935.					1936.				
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.
(a) Remaining on Dispensary Register on 31st December.	Disease arrested.	Chil. dren.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Adults	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Disease not arrested.	Chil. dren.	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		F.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
CONDITION NOT ASCERTAINED DURING THE YEAR.	TOTAL ON DISPENSARY REGISTER AT 31st DECEMBER	Chil. dren.	..	3	1	1	5	..	2	..	..	2	..	3	..	3	..	..	1	1	2	..	..	..	1	1	
		Adults	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TRANSFERRED TO PULMONARY	DISCHARGED AS RECOVERED.	Chil. dren.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Adults	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
LOST SIGHT OF OR OTHERWISE REMOVED FROM DISPENSARY REGISTER	DEAD.	Chil. dren.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Adults	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL WRITTEN OFF DISPENSARY REGISTER	GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary)	Chil. dren.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
		Adults	M.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
TOTAL WRITTEN OFF DISPENSARY REGISTER			5	15	6	6	32	5	11	2	2	20	..	7	..	7	..	3	1	..	4	..	1	1	..	2	
GRAND TOTALS of (a) and (b) (excluding those transferred to Pulmonary)			9	41	7	7	64	11	62	4	4	81	7	74	2	7	90	4	97	4	10	115	2	70	1	5	78

1 child Np. 2 transferred in

1 child Np. 1 transferred in

1 man Np. 3 transferred to Tb.-

TABLE 69.

TUBERCULOSIS.

New Cases and Deaths.

CLASSIFIED INTO AGE GROUPS.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 years	...	...	...	...	...	...	...	...
1—5	...	...	7	7	...	...	1	...
5—10	4	7	22	20	...	...	...	...
10—15	11	1	12	11	...	...	...	...
15—20	...	7	...	6	4	1	...	1
20—25	6	4	...	...	2	4	...	...
25—35	7	16	2	1	7	3	...	...
35—45	6	5	...	...	6	1	...	...
45—55	6	1	...	...	5	...	...	...
55—65	4	2	...	...	1	3	...	...
65 and upwards	3	1	...	...	3	...	...	...
Totals	47	44	43	45	28	12	1	1

TABLE 70.

TUBERCULOSIS

New Cases and Deaths

CLASSIFIED INTO AGE GROUPS

TABLE 70.

TUBERCULOSIS—PERIODS BETWEEN NOTIFICATION
AND DEATH.

5	cases	died	within	1	week	of	notification.	
5	"	"	.....	2	weeks		"	
1	"	"	.....	1	month		"	
2	"	"	.....	2	months		"	
2	"	"	.....	3	months		"	
4	"	"	.....	6	months		"	
1	"	"	..	9	months		"	
6	"	"	.....	2	years		"	
4	"	"	.....	3	years		"	
4	"	"	.....	4	years		"	
1	"	"	..	5	years		"	
1	"	"	.....	7	years		"	
1	"	"	.....	8	years		"	
1	"	"	.....	9	years		"	
1	"	"	.....	11	years		"	
2 cases were not notified.								
1 case was notified after death.								

TABLE 70

TUBERCULOSIS—NOTIFICATIONS AND DEATHS
For 12 Years.

Year.	Pulmonary.			Other Forms of Tuberculosis.			Total Tuberculosis Death Rate.
	Notified	Died.	Death Rate per 1000 living.	Notified.	Died.	Death Rate per 1000 living.	
1924	115	67	0·95	25	13	0·18	1·13
1925	119	54	0·76	45	19	0·27	1·03
1926	78	57	0·81	35	11	0·16	0·96
1927	143	48	0·65	79	16	0·22	0·87
1928	123	48	0·67	58	14	0·19	0·86
1929	190	56	0·79	89	22	0·30	1·09
1930	118	46	0·64	58	13	0·18	0·82
1931	98	44	0·60	67	23	0·32	0·92
1932	110	51	0·70	75	14	0·19	0·90
1933	101	58	0·81	86	12	0·16	0·97
1934	77	34	0·47	105	8	0·11	0·58
1935	65	37	0·52	131	10	0·14	0·66
1936	97	40	0·57	88	2	0·03	0·60

DENTAL TREATMENT OF TUBERCULOUS PATIENTS.

The following Table 71 is submitted by the Senior Dental Surgeon, Mr. A. G. Moxon, L.D.S.:—

TABLE 71.

**Summary of Work Done for Tuberculous Patients
during the year 1936.**

No. of Sessions .....	.....	.....	.....	.....	4
No. of Attendances .....	.....	.....	.....	.....	19
No. of Extractions .....	.....	.....	.....	.....	23
No. of Inspections .....	.....	.....	.....	.....	9

TABLE 20

TEMPERATURES, WINDS, AND WEATHER
FOR 1911

Time of day	Temperature		Wind		Direction	Force	Weather	Remarks
	Air	Surface	Direction	Force				
0100	50.0	48.0	000	0				
0200	49.0	47.0	000	0				
0300	48.0	46.0	000	0				
0400	47.0	45.0	000	0				
0500	46.0	44.0	000	0				
0600	45.0	43.0	000	0				
0700	44.0	42.0	000	0				
0800	43.0	41.0	000	0				
0900	42.0	40.0	000	0				
1000	41.0	39.0	000	0				
1100	40.0	38.0	000	0				
1200	39.0	37.0	000	0				
1300	38.0	36.0	000	0				
1400	37.0	35.0	000	0				
1500	36.0	34.0	000	0				
1600	35.0	33.0	000	0				
1700	34.0	32.0	000	0				
1800	33.0	31.0	000	0				
1900	32.0	30.0	000	0				
2000	31.0	29.0	000	0				
2100	30.0	28.0	000	0				
2200	29.0	27.0	000	0				
2300	28.0	26.0	000	0				
2400	27.0	25.0	000	0				

TEMPERATURES, WINDS, AND WEATHER FOR 1911

The following table is a summary of the data for the year 1911, showing the average temperature, wind force, and weather conditions for each month.

TABLE 21

Summary of Wind Data for 1911

Month	Direction	Force	Frequency
Jan	000	0	100
Feb	000	0	100
Mar	000	0	100
Apr	000	0	100
May	000	0	100
Jun	000	0	100
Jul	000	0	100
Aug	000	0	100
Sep	000	0	100
Oct	000	0	100
Nov	000	0	100
Dec	000	0	100

SECTION XII.

VENEREAL DISEASES.

The Venereal Diseases are those which are transmitted by the sexual intercourse, and are characterized by their chronicity and by their tendency to recur.

There are three principal Venereal Diseases, namely, Syphilis, Gonorrhoea, and Chancres.

Syphilis is a disease which is characterized by its chronicity and by its tendency to recur.

Gonorrhoea is a disease which is characterized by its acute nature and by its tendency to recur.

Chancres are those which are characterized by their acute nature and by their tendency to recur.

The Venereal Diseases are those which are transmitted by the sexual intercourse, and are characterized by their chronicity and by their tendency to recur.

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Chancres are those which are characterized by their acute nature and by their tendency to recur.

Section XII.**VENEREAL DISEASES.**

SECTION XII.**VENEREAL DISEASES.**

The Medical Sessions at the Venereal Diseases Centre are in charge of Dr. Harold F. Horne and Dr. John Ryan, part-time officers, the times being as follows:—

Men: Monday, 8 p.m. to 10 p.m.

Thursday 6.30 p.m. to 9.30 p.m.

Women and Children: Thursday 3 p.m. to 6 p.m.

Intermediate treatment (irrigations, etc.) are given as follows:—

Men: 9.30 a.m. to 11.30 a.m. and 6 p.m. to 8 p.m. daily.

Women: Monday, Wednesday and Friday, 3 p.m. to 5 p.m.

The Centre costs about £1,500 per annum to run and about one third of this expenditure is borne by the West Riding County Council.

The building is most unsuitable for the purpose and there is a serious lack of privacy which is one of the reasons the number of women patients attending for treatment is so low.

The Medical Officer of Health is confident that a much more efficient venereal disease centre could be provided with financial economy at the St. Helen Hospital and he suggests that this should be borne in mind in the future development of that hospital.

TABLE 71
RETURN RELATING TO ALL PERSONS WHO WERE TREATED AT THE TREATMENT CENTRE AT BARNSELEY DURING THE YEAR ENDED 31st DECEMBER, 1938.

	Syphilis			Soft Chancere			Gonorrhoea			Conditions other than Venereal			Totals		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
1 Number of cases on 1st January under treatment or observation...	53	51	104	..	..	..	62	27	89	8	..	8	123	78	201
2 Number of cases reported during any previous year which returned during the year under report for treatment or observation of the same infection...	2	2	4	..	..	..	4	..	4	..	..	..	6	2	8
3 Number of cases reported during the year under report (exclusive of cases under item 4) suffering from— Syphilis, primary " secondary " all later stages " congenital Soft Chancere Gonorrhoea, 1st year of infection " later Conditions other than venereal	6	1	7	..	..	..	..	..	..	..	..	..	6	1	7
4 Number of cases dealt with for the first time during the year under report who have received treatment at other Centres for the same infection	2	1	3	..	..	..	9	1	10	..	..	..	11	2	13
TOTALS OF ITEMS 1, 2, 3 AND 4	90	70	160	..	..	..	147	54	201	61	18	79	298	142	440
5 Number of cases discharged after completion of treatment and final tests of cure	2	2	4	..	..	..	28	9	37	49	12	61	79	23	102
6 Number of cases which ceased to attend the Treatment Centre during the year, but were on first attendance suffering from— Syphilis, primary " secondary " all later stages " congenital Soft Chancere Gonorrhoea, 1st year of infection " later	1	1	2	..	..	..	..	..	..	..	..	..	1	1	2
7 Number of cases which ceased to attend after completion of treatment but before the tests of cure were made, or to other practitioners, or to institutions, or to care of private practitioners	4	3	7	..	..	..	4	..	4	..	..	..	8	3	11
8 Number of cases referred to other Centres or to institutions, or to care of private practitioners	5	1	6	..	..	..	11	3	14	4	..	..	20	4	24
9 Number of cases remaining under treatment or observation on 31st December	67	50	117	..	..	..	72	25	97	8	6	14	147	81	228
TOTALS OF ITEMS 5, 6, 7, 8 AND 9	90	70	160	..	..	..	147	54	201	61	18	79	298	142	440
10 Number of cases in the following stages of Syphilis included in item 6 which failed to receive treatment— Syphilis, primary " secondary " all later stages " congenital	1	1	2	..	..	..	..	..	..	..	..	..	1	1	2
11 Number of attendances— (a) for medical attention of the patient (b) for immediate treatment, e.g., irrigations, dressing	1235	937	2172	..	..	..	2026	599	2625	233	53	286	3494	1589	5083
TOTAL ATTENDANCES	1235	937	2172	..	..	..	2026	599	2625	233	53	286	3494	1589	5083
12 In-patients— (a) Total number of persons admitted for treatment during the year (b) Aggregate number of in-patient days of treatment given	18	..	18	..	..	..	9757	1266	11023	703	7	710	10488	1273	11761
13 Number of cases of congenital syphilis in item 3 above classified according to age periods— Under 1 year 1 and under 5 years 5 years and over	4	..	4	..	..	..	1	..	1	..	..	..	3	7	10
14 Chief preparations used in treatment of Syphilis— (a) Names of preparations (b) Total number of injections given (not patients and in-patients)	Kharulphan and Sulphostab			Mercury			Eli Hutch			Serum Tests			Metallic Bismuth		
15 Pathological Work— (a) Number of specimens examined at and by the medical officer of the Treatment Centre (b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory	346			No injections given			3			283			1056		
Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.															
A. Number of cases in items 3 and 4 from each area found to be suffering from—															
Soft Chancere															
Gonorrhoea															
Conditions other than venereal															
TOTAL															
B. Total number of attendances of all patients residing in each area															
C. Aggregate number of "in-patient" days of all patients residing in each area															

4.
 5.
 6.
 7.
 8.
 9.
 10.
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TABLE 1.

Section XIII.

VACCINATION.

SECTION XIII.

VACCINATION.

The list of Public Vaccinators is given on Page 5.

323 children were successfully vaccinated during the year, and 965 statutory declarations of conscientious objection were received by the Vaccination Officer during the year.

SECTION XIV

MENTAL DEFICIENCY

The following table shows the persons committed to the hospital and placed in the Asylum for the Insane during the year 1911.

The table is arranged in chronological order of admission, and the names are given in full, together with the date of admission, the name of the hospital, and the name of the asylum.

Table with columns for Name, Date of Admission, Hospital, and Asylum.

Section XIV.

MENTAL DEFICIENCY.

Table with columns for Name, Date of Admission, Hospital, and Asylum. Includes sub-sections (a) and (b) for different categories of admissions.

SECTION XIV.

MENTAL DEFICIENCY.

The following Tables show the present position of ascertainment and disposal in the County Borough at the end of the year 1936.

The writer feels that no individual of sub-normal intelligence should be allowed underground to engage in the highly skilled and dangerous occupation of coal-mining ; in such an occupation any individual who is mentally sub-normal is probably a potential source of danger not only to himself but to all other men working in the same pit.

TABLE 73.

PARTICULARS OF MENTAL DEFECTIVES AS ON
1st JANUARY, 1937.

- (A) "Subject to be dealt with" by the Local Authority;
(B) Who may become "subject to be dealt with" by the Local Authority.

A. Number of Cases "Subject to be dealt with":—

	Males	Females	Total
1 Under "Order":—			
(a) (1) In Institutions (excluding cases on Licence)			
Under 16 year of age	5	6	11
Aged 16 years and over	10	17	27
(2) On Licence from Institutions			
Under 16 years of age	.....	.....	.....
Aged 16 years and over	1	—	1
(b) (1) Under Guardianship (excluding cases on Licence)	.....	.....	.....
(2) On Licence from Guardianship	.....	.....	.....

	Males	Females	Total
2 In "Places of Safety"			
Under 16 years of age	1	—	1
Aged 16 years and over	—	4	4
3 Under Statutory Supervision	42	54	96
4 Action not yet taken under any one of the above headings:—			
(a) Notified by Local Education Authorities (Sec. 2. (2)	.....	.....	.....
(b) Mental Defectives in receipt of Poor Relief:—			
(1) Institutional	6	7	13
(2) Domiciliary	7	11	18
(c) Otherwise "ascertained"	5	3	8
B. Number of Cases who may become "Subject to be dealt with":—			
1 In Institutions or under Guardianship—dealt with under Section 3:—			
(a) In regard to whom the Local Authority contributes under its permissive powers	.....	.....	.....
(b) Maintained wholly by parents, relatives, or others	.....	.....	.....
2 Reported to the Local Authority from any reliable source but as to whom no action has been taken:—			
(a) Children between the ages of 14 and 16 years	19	17	36
Number under Voluntary Supervision	19	17	36
(b) All other cases	30	29	59
Number under Voluntary Supervision	28	19	47

DURING THE YEAR 1936.

1. (a) Number of instances in which Licence was granted during 1936 :—

	Males	Females	Total
(1) From Institutions	1	—	1
(2) From Guardianship .....	.....	.....	.....

- (b) Number of instances in which cases on Licence have been returned to Institutions or transferred to Guardianship

(1) To Institutions .....	.....	.....	.....
(2) To Guardianship .....	.....	.....	.....

2. Cases notified by Local Education Authorities [Section 2 (2)] during the year 1936 :—

Method of disposal—	Males	Females	Total
Sent to Institutions (by Order)	1	—	1
Placed under Guardianship (by Order) .....	.....	.....	.....
Placed under Statutory Supervision	6	4	10
Placed in "Places of Safety"	1	1	2
Died or Removed from Area .....	.....	.....	.....
Action not yet taken—			
(a) In receipt of Poor Relief .....	.....	.....	.....
(b) Others .....	.....	.....	.....
Total	8	5	13

3. Of the total number of mental defectives known to the Local Authority—

- (a) Number who have given birth to children during 1936:—

(i) After marriage	3
(ii) While unmarried	—

- | | | |
|---|----|----|
| (b) Number who have married during 1936 | M. | F. |
| | — | 4 |

Defectives under Guardianship :—Nil.

SECTION XV

BLIND PERSONS ACT, 1920.

Section XV.

BLIND PERSONS ACT, 1920.

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

SECTION XV.

WELFARE OF THE BLIND.

The staff are as detailed at the beginning of the report.

PREMISES.

A full description of the inconvenient and inadequate premises was given in the 1933 Report and the provision of a new Blind Welfare Centre is still under consideration.

AREA SERVED.

In addition to the County Borough area, the County Borough administers the blind services in the surrounding parts of the West Riding, as detailed on page 172 of the 1935 Report, and in general the organisation of the Blind Welfare Department remains as was fully described in that Report.

TABLE 74.

BARNESLEY COUNTY BOROUGH.

REGISTERED BLIND AT 31st DECEMBER, 1936.

	Males	Females	Total
5—15 years	—	1	1
16—21 years	—	2	2
22—30 years	3	3	6
31—50 years	15	11	26
50—70 years	33	25	58
Over 70 years	26	17	43
	79	61	140

TABLE 75.

CATEGORIES OF PERSONS ON THE ABOVE REGISTER.

	Males	Females	Total
Unemployable	68	53	121
Trained — Unemployed	3	—	3
Employed	6	3	9
In Training	1	2	3
Trainable — awaiting Training	1	—	1
Pre-School	—	2	2
In Blind Home	—	1	1
	79	61	140

TABLE 76.

OCCUPATIONS OF EMPLOYABLE BLIND PERSONS
RESIDENT IN THE COUNTY BOROUGH AT 31-12-1936.

1	Solicitor.
4	Home Workers (3 Machine Knitters, 1 Newsvendor).
1	Home Teacher.
2	Organizers.
1	Match Seller.
1	Boot and Shoe Repairer.
1	Basket Maker.
1	Brush Maker.

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TABLE 77.

NUMBER OF PERSONS IN RECEIPT OF UNEMPLOY-
ABLE BLIND GRANT AT 31st DECEMBER, 1936.

Householders	.....	.....	.....	.....	22	males
Householders	.....	.....	.....	.....	8	females
Non-Householders	.....	.....	.....	.....	23	males
Non-Householders	.....	.....	.....	.....	18	females
TOTAL					.....	71

The total sum expended by the Corporation on Unemployable Blind Augmentation Grants for Barnsley residents during the period 1st April, 1936 to 31st March, 1937 was :—

£2892 1s. 6d.

HOME VISITS DURING 1936 BY THE HOME VISITORS.

1,914 VISITS.

WORKSHOP.

In the Workshop there are employed only 6 female blind workers, whose wages are augmented by £1 0s. 0d. per week, 3 being persons resident in the County Borough and 3 resident in the West Riding area.

There is no accommodation at this Workshop for a larger number of female workers and no proper accommodation at all for male workers. One male basket-maker, who finished his training at the end of 1935, was provided with equipment by the Corporation to carry on his trade temporarily at the Workshop, though the accommodation was not really adequate, until such time as adequate accommodation might be provided if the proposed enlarged workshop materialised. Unfortunately, however, the Assistant Superintendent has not been able to get much work for this man, who has been partially unemployed since he finished his training. The same remark applies to a brush-maker who finished his training at the end of 1936; there appears little prospect of obtaining much work for him in Barnsley and he refused an opportunity of an appointment in the Hull workshops. Both of these men have been drawing the Unemployable Blind Persons Augmentation Grant. They illustrate a difficulty which will become increasingly apparent as the other registered blind persons in training finish their training.

Even if the Corporation does supply a new and larger Workshop, it will be very difficult to develop it on a big enough scale to be anything like a commercial proposition.

In most up-to-date blind workshops the numbers employed are large enough to justify one or more whole-time skilled sighted supervisor for each occupation in process in the workshop. Without such supervision there are very few occupations in which blind workers can keep up to a sufficiently high standard of work to compete for quality with the products of sighted workers. The writer feels strongly that any scheme which does not allow for adequate supervision by sighted workers will lead to inferior workmanship in blind workshops, and he is, therefore, in agreement with the fairly common belief that the small local blind workshops should, so far as a large proportion of blind occupations are concerned give way to central large workshops. This should be borne in mind in considering the proposition to build a new blind workshop in Barnsley. The making of hosiery and other knitted garments, re-seating chairs in cane and rush, the employment at present carried out by the female workers in the Barnsley Blind Workshop, can be carried on successfully in the small local workshop but the demand for such work is limited and there appears little prospect of its extension. So far as other occupations for blind workshop employees are concerned, the writer believes the Barnsley Corporation should give careful consideration whether it would be wise to build a

new and extended workshop or whether it would be wise to make financial grants to large central workshops where Barnsley blind residents could be employed. He would further point out that there are very few instances in which the work of a blind person can really compete successfully both for quality and cost with that of sighted persons, and that it is a mistaken principle to expect any blind workshop to be a commercial success. No work should be sold from a blind workshop which is not as good as the product of sighted workers and it should be sold at the same price as that of sighted workers. If the subsidy which under such circumstances has to be paid to the blind workshop to give the blind employees a fair living wage does not exceed the sum which the Corporation would have to pay them in unemployable blind grant if they were unemployed, the workshop, in the writer's opinion, has achieved a sufficient degree of commercial success.

TABLE 78.

WEST RIDING COUNTY COUNCIL AREA.
REGISTERED BLIND AT THE 31st DECEMBER, 1936.

	Males	Females	Total
Under 5 years	—	1	1
5—15 years	7	5	12
16—21 years	6	3	9
22—30 years	7	8	15
31—50 years	15	19	34
51—70 years	53	55	108
Over 70 years	22	24	46
	110	115	225

TABLE 79.

CATEGORIES OF PERSONS ON THE ABOVE REGISTER:

	Males	Females	Total
Unemployable	83	102	185
Employed	13	4	17
Awaiting School	2	1	3
At School	6	4	10
In Training	4	1	5
Trainable—not trained	1	2	3
Awaiting Training	1	—	1
In Sunshine Home	—	1	1
	110	115	225

TABLE 80.

OCCUPATIONS OF EMPLOYABLE BLIND PERSONS
RESIDENT IN THE WEST RIDING AREA AT
31st DECEMBER, 1936.

- 1 Basket-maker and Repairer.
- 4 Boot and Shoe Repairers.
- 1 Braille Typist.
- 1 Braille Copyist.
- 1 Inn-keeper.
- 2 Poultry Farmers.
- 4 Piano Tuners and Repairers.
- 3 Machine Knitters.

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HOME VISITS DURING 1936 BY THE HOME VISITORS :
1,710.

SOCIAL CENTRES.

- (1) Congregational Church Schoolroom, Wombwell. Held fortnightly — Tuesday from 2 p.m. to 5 p.m.
- (2) Chapel Schoolroom, Hoyland. Held fortnightly — Wednesday from 2 p.m. to 5 p.m.

The latter Social Centre was commenced in the Autumn of 1936, and it is too soon yet to judge whether it has been successful or not.

**BARNSLEY AND DISTRICT JOINT BLIND WELFARE
COMMITTEE.**

During 1936, this Voluntary Committee continued its useful work towards raising funds for the benefit of blind persons, and expended those funds in the following manner :—

- (1) 29th July, 1936. Excursion to Belle Vue, Manchester, by 200 blind persons, with a sighted guide for each.

- (2) One blind male person was provided with a fortnight's holiday at the Sunbeam Home of Rest, Blackpool.
- (3) 3rd January, 1936. Annual Re-Union of the Blind at the Arcadian Restaurant. Over 200 blind persons and a sighted guide for each were present at the Tea and Concert on this occasion.

From the 1st October, 1936, the Agreement between the Joint Blind Welfare Committee and the National Institute for the Blind was terminated and the Committee itself took over the whole of the responsibility of raising voluntary funds for the benefit of blind persons. The main feature of the old Agreement was that the Joint Blind Welfare Committee retained for its own use eighty per-cent of the Committee's collections within the area and paid twenty per-cent to the National Institute for the Blind. The amount of money raised for the voluntary blind welfare fund during 1936, after deduction of expenses, amounted to £216 12s. 7d.

(2) One blind male form was provided with a fortnight's holiday at the same time as the other.

(3) The male form was provided with a fortnight's holiday at the same time as the other. Over the blind persons and a signed guide for each were present at the tea and concert on this occasion.

From the 1st October 1915, the Agreement between the Blind and Welfare Committee and the National Institute for the Blind was terminated and the Committee took over the whole of the responsibility of raising voluntary funds for the benefit of blind persons. The main feature of the old agreement was that the form blind Welfare Committee raised for its own and other purposes of the Committee's collection which the rest of the country portion to the National Institute for the Blind. The amount of money raised for the voluntary blind persons during 1915, after deduction of expenses amounted to £215 15s 6d.

THE NATIONAL INSTITUTE FOR THE BLIND

1915

THE NATIONAL INSTITUTE FOR THE BLIND

THE NATIONAL INSTITUTE FOR THE BLIND

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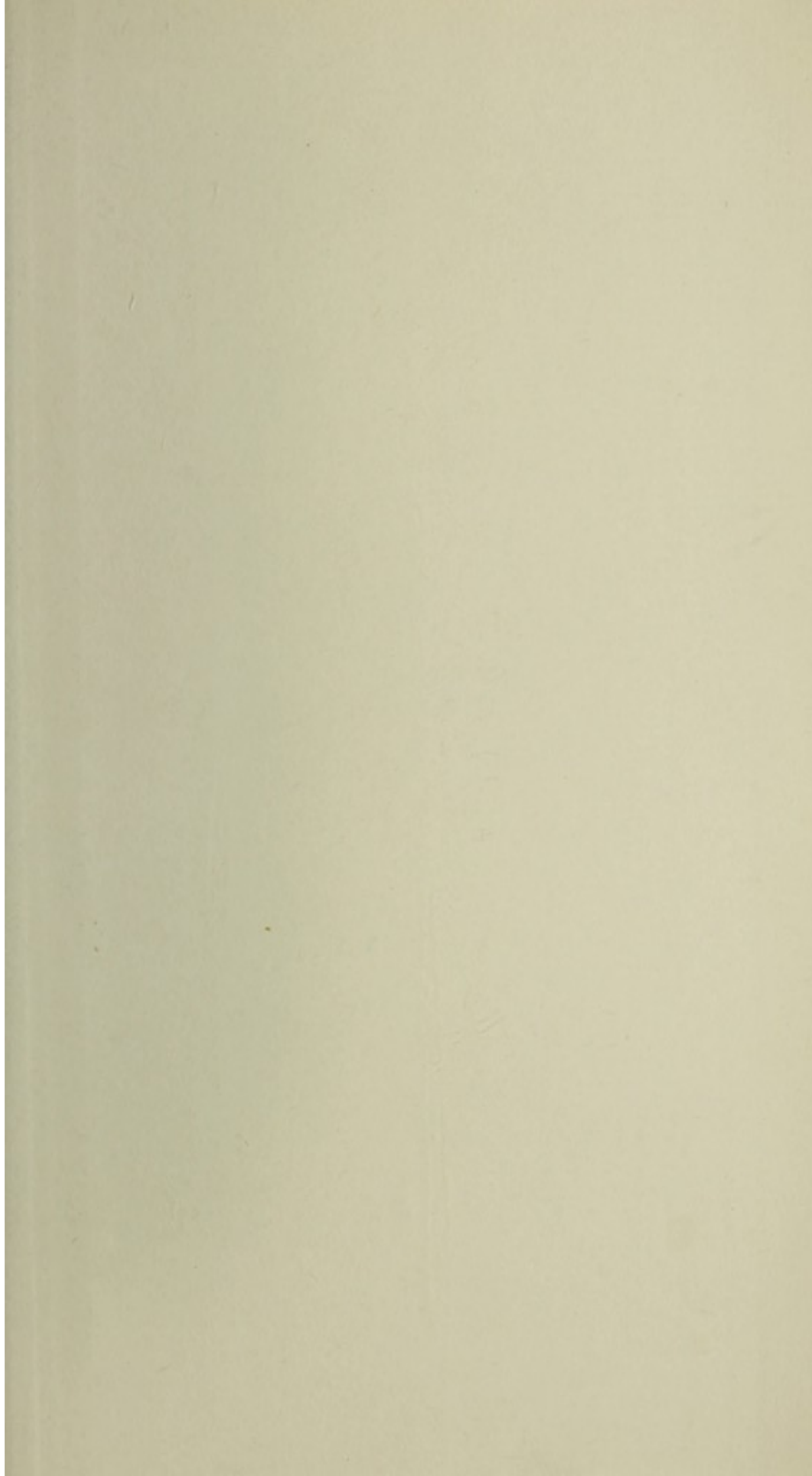
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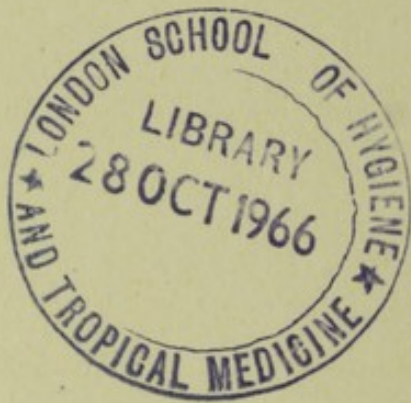
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Yellow Fever

Yellow Fever





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